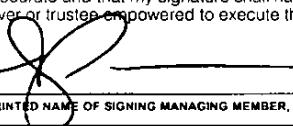


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 FEB 22 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000051371			
1. Entity Name MONTARA LAND V, LLC			
Principal Place of Business P.O. BOX 348021 CORAL GABLES, FL 33234		Mailing Address P.O. BOX 348021 CORAL GABLES, FL 33234	
2. Principal Place of Business - No P.O. Box # <i>626 SW 4 AVE</i>	3. Mailing Address <i>BK</i>		
Suite, Apt. #, etc. <i>#3</i>	Suite, Apt. #, etc.		
City & State <i>MIAMI FL.</i>	City & State		
Zip <i>33130</i>	Country <i>USA</i>	Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A. 5835 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <i>FL</i>	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES	
MGR DUARTE-VIERA, ANIBAL J 5835 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
□ Delete		MGR EDITH DUARTE-VIERA 5835 BLUE LAGOON DR #200 MIAMI, FL 33126	
□ Delete		□ Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR DE LA CAMPA, GABRIEL P.O. BOX 347863 CORAL GABLES, FL 33234		MGR. MARGARITA PERDOMO P.O. BOX 347863 CORAL GABLES, FL 33234	
□ Delete		□ Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
□ Delete		□ Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7000090086437 03/02/07--01049--017 **\$50.00	
□ Delete		□ Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
□ Delete		□ Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
□ Delete		□ Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
□ Delete		□ Change <input checked="" type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date <i>2/22/07</i> Daytime Phone # <i>3054468821</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			