


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90320 044 \*\*\*\*50.00

**DOCUMENT # L05000051600**

1. Entity Name  
 1515 SAN REMO LLC



Principal Place of Business  
 6060 SW 78 STREET  
 MIAMI, FL 33143

Mailing Address  
 308 ALHAMBRA CIR  
 MIAMI, FL 33134-5004

2. Principal Place of Business - No P.O. Box #  
 4811 SW 74 Terr  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Miami, Fla


City & State

Zip  
 33143

Country  
 USA

Zip Country

00070104



04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-3013226

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DANIEL M. KEIL, P.A.  
~~3100 WESTWOOD AVENUE~~ 6500 COWPEN ROAD  
~~MIAMI FL 33012~~ SUITE 301  
 MIAMI LAKES, - FL 33014

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEUCE MIAMI, INC 6060 SW 78TH ST MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stephanie Thomas STEPHANIE THOMAS 4/18/07 (305) 666-6590  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #