2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT_# L05000051710

1. Entity Name 2ND & 2ND & ARAGE, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131 Mailing Address

100 SE 2ND STREET SUITE 2650 MIAMI, FL 33131



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDMAN, PREWITT, DIBELLO & LOPEZ, PA 1550 MADRUGA AVE #504 CORAL GABLES, FL 33146

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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			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR MIRMELLI, GREGORY L MNGR 100 SE 2ND STREET 2650 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000743847 05/15/07-80126-002 50.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			