## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUI 1. Entity Name VENES R	e	# <b>L05000053</b> <sup>2</sup>	118	ing.					
Principal Place 1401 BRICKE MIAMI, FL 33	ELL AVENUE 3131	, SUITE 330	Mailing Address 1401 BRICKELL AVENUE, SUITE 330 MIAMI, FL 33131			ZEORETARY OF STATE			
	lace of Busin	ness - No P.O. Box #	3. Mailing Address 605 Lincoln Road						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			12062007	Chg-LLC	CR2E083 (12	2/06)
City & State Miani Beach, FL			City & State Wiani Beach FL			4. FEI Numb			Applied For Not Applicable
<sup>Zip</sup> 33139		Country .S. A.	Zip 33139	Country	.s.A.		e of Status Desired		0 Additional lequired
		and Address of Current F			7. Name and Address of New Registered Agent Name				
ALEX ORTIZ 354 SEVILLA AVE. CORAL GABLES, FL 33134					Street Address (P.OBox Number is Not Acceptable)				
	ADELO, I I	2 00 104							
				ty 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstituting).  DATE									
A	mended /	AR is \$50.00					1	e check payable a Department of	
9.		MANAGING MEMBER	···-	10.	1		ADDITIONS		
TITLE NAME	MGRM VENES H	OLDINGS, LLC	☐ Delete			. A 1	<b>≱</b> ci		
* STREET ADDRESS	1401 BRIG MIAMI, FL	CKELL AVE. SUITE 330	STREE CITY-		DDRESS 605	T Lincol	ln Road, s each, Fl	100 المانية 12ء م	)
TITLE	MGRM		☐ Delete	TITLE	<b>         </b>	awn be	racu , ri	<u>الراوز ـ</u> ا <b>كل</b>	
NAME STREET ADDRESS	LAUREDO	O, LUIS J NDON BLVD. APT 936		NAME STREET ADDRESS GOS LIN			In Road,	Suite 30	•
CITY-ST-ZIP	l	CAYNE, FL 33149		CITY-ST-	-	_	each FL	33139	
TITLE NAME			☐ Delete	TITLE NAME			•	CI	-
STREET ADDRESS				STREET A		<b>- 4</b> 1 1271	001131 4/0701047	.5831* '005 **'	4 50.00
CITY-ST-ZIP			☐ Delete	CITY-ST-	ZIP	14. 1	1.0. 0101		hange
NAME			C Delete	NAME					nungo
STREET ADDRESS CITY-ST-ZIP				STREET A					
TITLE	. Delete TITLE							□ C	hange
NAME Street address			NAME STREET A	DORESS					
CITY-ST-ZIP				CITY-ST-	-ZIP				
TITLE NAME			☐ Delete	TITLE NAME				∐ CI	hange
STREET ADDRESS CITY-ST-ZIP			STREET A						
11. I hereby of indicated	certify that the on this repo- bility compar	e information supplied with rt is true and accurate and ny or the reseiver outsustee	this filing does not qualify fo hat my signature shall have empowered to execute this	r the exemp the same le	tions contained gal effect as if r	l in Chapter 119 made under oa ster 608. Florida	), Florida Statutes. I f th; that I am a mana a Statutes.	urther certify that to ging member or m	he information nanager of the
			1		1	1 ~		~	61 JUI
SIGNATURE: X 12/6/67 305-416-0144 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DISIGNOOF DAYS THE PROPERTY OF THE PROP									