


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 019 \*\*\*\*50.00

<b>DOCUMENT # L05000055323</b> 1. Entity Name <b>ARECA PALMS, LLC</b>					
Principal Place of Business <b>2645 N.E. 20TH STREET SUITE 101 NO. MIAMI, FL 33180 US</b>			Mailing Address <b>2645 N.E. 20TH STREET SUITE 101 NO. MIAMI, FL 33180 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2645 N.E. 207TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>2645 N.E. 207TH STREET</b> Suite, Apt. #, etc.			
City & State <b>AVENTURA, FLORIDA</b> Zip <b>33180</b>		City & State <b>AVENTURA, FLORIDA</b> Zip <b>33180</b>		4. FEI Number <b>20-3030672</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04122007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>LEOPOLD, KORN &amp; LEOPOLD, P.A. 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GLOBAL DEVELOPMENT, LLC 2645 N.E. 207TH STREET NO. MIAMI, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GLOBAL DEVELOPMENT, LLC 2645 N.E. 207TH STREET NO. MIAMI, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>ALEJANDRO DANIEL SAWICKI</b> <b>04/12/2007</b> <b>(305)692-2232</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
<b>FOR GLOBAL DEVELOPMENT, LLC</b>					