

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057012

Entity Name: 3120 NEW YORK, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

1221 S.W. 27TH AVENUE, SUITE 302
MIAMI, FL 33135

New Principal Place of Business:

1236 MANATI AVE
CORAL GABLES, FL 33146

Current Mailing Address:

1236 MANATI AVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-2977392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMARGO, MARIO
Address: 1221 S.W. 27TH AVENUE, SUITE 302
City-St-Zip: MIAMI, FL 33135

Title: MGR () Delete
Name: VELAZCO, EDUARDO
Address: 1221 S.W. 27TH AVENUE, SUITE 302
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: VELAZCO, EDUARDO
Address: 1236 MANATI AVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS MARQUEZ

MGR

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date