

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90028 035 ****50.00

DOCUMENT # L05000058371					
1. Entity Name NATED OPERATING, LLC					
Principal Place of Business 3061 SW 133 COURT MIAMI, FL 33175 US			Mailing Address 3061 SW 133 COURT MIAMI, FL 33175 US		
2. Principal Place of Business - No P.O. Box # 9751 S.W. 35th Street Suite, Apt. #, etc.		3. Mailing Address 9751 S.W. 35th Street Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-3027587	
Zip 33165		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUERAS, JUAN E ESQ. 7050 SW 86 AVENUE MIAMI, FL 33143			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 MGR NAME PEREZ, EDUARDO STREET ADDRESS 3061 SW 133 COURT CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 9751 S.W. 35th Street CITY-ST-ZIP Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PEREZ, ESPERANZA STREET ADDRESS 3061 SW 133 COURT CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 9751 S.W. 35th Street CITY-ST-ZIP Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			✓ 3/14/07 ✓ 305 796-9211 <small>Date Daytime Phone #</small>		