2007 LIMÎTED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCL	JMENT	#1	0500	005	881	9
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1. Entity Name 9705 EAST HIBISCUS, LLC



Principal Place of Business

15321 S. DIXIE HWY

MIAMI, FL 33157

Mailing Address

15321 S. DIXIE HWY

312

MIAMI, FL 33157



01092007 No Chg-LLC

CR2E083 (11/05)

4. FELNI	ımber	 Applied	For
20-2	995875	 Not App	licable
5. Certifi	cate of Status Desired	\$5.00 Additiona	al .

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT 111 SW 3RD STREET, 6TH FLOOR MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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 Floride. I am familiar with, and accept	t
	the obligations of registered agent.	

SIGNATUR

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	MGRM MARANGES, RAMON 10881 NW 29 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICENTE, SONIA 7360 SW 123 TERR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUIZ, ERNESTO 30 AVE 18-32 ZONA 10 GUATEMALA CITY, GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CHY-ST-ZIP	

U00000604645 01/30/07-80004-012 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: MALCALLE, RAMON MOTACLES
SIGNATURE AND TYPER DEPRINTED NAME OF SIGNAL MANAGING MEMBER OR AUTHORIZED REPRESENTATI

MGRM 1/17/07

DZ56-8866

Daytime Phone #