

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000060767

1. Entity Name
NEW DAWN INVESTMENTS, LLC



Principal Place of Business
**2601 SOUTH BAYSHORE DRIVE SUITE 200
MIAMI, FL 33133**

Mailing Address
**2601 SOUTH BAYSHORE DRIVE SUITE 200
MIAMI, FL 33133**



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3106874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**USOW, EMILY M ESQ
2525 PONCE DE LEON BLVD., SUITE 400
MIAMI, FL 33134**

**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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Emily Esow*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-2007
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEW DAWN HOLDINGS, LLC 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRD HOLDINGS, LLC 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/23/07-80027-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Kath Keyser* *member*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-23-07
Date

305-857-0400
Daytime Phone #