
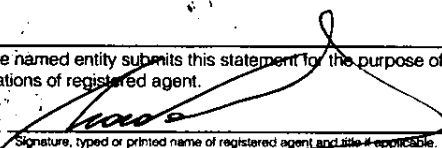



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90037 021 ****50.00

DOCUMENT # L05000060843 1. Entity Name 7575BH516 LLC					
Principal Place of Business 18206 COLLINS AVENUE SUNNY ISLES, FL 33160			Mailing Address 18206 COLLINS AVENUE SUNNY ISLES, FL 33160		
2. Principal Place of Business - No P.O. Box # 2875 NE 191ST ST		3. Mailing Address 2875 NE 191ST ST			
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300			
City & State AVENTURA, FLORIDA		City & State AVENTURA, FLORIDA			
Zip 33180	Country USA	Zip 33180	Country USA	4. FEI Number 20-3000819	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GLEIZER, HERNAN 18206 COLLINS AVENUE SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name Karner, Mariano Street Address (P.O. Box Number is Not Acceptable) Turnberry Plaza 2875 NE 191st St. # 300 City Aventura FL Zip Code 33180		
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  DATE 4/20/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR RENZ, CHRISTOPHER <input type="checkbox"/> Delete 18206 COLLINS AVENUE SUNNY ISLES, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RENZ, CHRISTOPHER 2875 NE 191st ST. SUITE 300 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete KARNER, MARIANO 18206 COLLINS AVENUE SUNNY ISLES, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KARNER, MARIANO 2875 NE 191st ST. SUITE 300 AVENTURA, FL 33180	
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	
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: 			MARIANO KARNER DATE 4/20/07 Daytime Phone # 305 704 3526		