


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L05000064104 1. Entity Name STEVE SQUARED I LLC	
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Principal Place of Business 9515 SW 60TH COURT MIAMI, FL 33156	Mailing Address 9515 SW 60TH COURT MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



03182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3066990	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SAIONTZ, STEVEN 9515 SW 60TH COURT MIAMI, FL 33156

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAIONTZ, STEVEN 9515 SW 60TH COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTER, STEVEN 950 JEFFERSON ST HOLLYWOOD, FL 33019
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03/30/07-80002-013 50.00

**DO NOT WRITE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/17/07 305476 1119
Date Daytime Phone #