

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064279

Entity Name: DOCE CERO UNO P, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

12973 SW 112 STREET, SUITE 322  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12973 SW 112 STREET, SUITE 322  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 20-3104744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RICARDO L. CARMONA, PA  
2800 PONCE DE LEON BLVD.  
1160  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARROYO, JOHNNY  
Address: 12973 SW 112 STREET, SUITE 322  
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM ( ) Delete  
Name: SALAZAR, ESTER  
Address: 845 MERIDIAN LANE  
City-St-Zip: HOLLYWOOD, FL 33019 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHNNY ARROYO

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date