


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90032 041 ***138.75

DOCUMENT # L05000065066	
-------------------------	---

Principal Place of Business 1000 SOUTHWEST 95 AVENUE MIAMI, FL 33174	Mailing Address 1000 SOUTHWEST 95 AVENUE MIAMI, FL 33174
--	--

DO NOT WRITE IN THIS SPACE



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-2066766	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 ALVAREZ, JOSE M 1000 SW 95 AVENUE MIAMI, FL 33174
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, JOSE M <i>ALVAREZ</i> 1000 SW 95TH AVENUE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, MARIA G <i>ALVAREZ</i> 1000 SW 95 AVENUE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <i>Maria G Alvarez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INDICATING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/14/08 (30r) 1-3-0494 <small>Date Daytime Phone #</small>
MARIA G. ALVAREZ	