2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066934

1. Entity Name
LORAMUR LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
275 HARBOR DRIVE KEY BISCAYNE, FL 33149	275 HARBOR DRIVE KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

06302007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-3121497	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ-MURIAS, JORGE
275 HARBOR DRIVE
KEY BISCAYNE, FL 33149

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

Filing Fee is $50.00
Due by September 14, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUAREZ-MURIAS, JORGE
STREET ADDRESS	275 HARBOR DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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07/06/07-80004-024 50.00

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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: _____   6-26-07   305 361-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #