


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90207 032 \*\*\*\*50.00

<b>DOCUMENT # L05000068181</b> 1. Entity Name <b>SAN REMO HOMES AT HOMESTEAD, LLC</b>					
Principal Place of Business <b>780 NORTHWEST 42 AVENUE SUITE 324 MIAMI, FL 33126 US</b>			Mailing Address <b>780 NORTHWEST 42 AVENUE SUITE 324 MIAMI, FL 33126 US</b>		
2. Principal Place of Business - No P.O. Box # <b>10 N.W. LE JEUNE ROAD</b> Suite, Apt. #, etc. <b>SUITE 500</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b>		3. Mailing Address <b>10 N.W. LE JEUNE ROAD</b> Suite, Apt. #, etc. <b>SUITE 500</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b>		02132007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-3521157</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ESQUIRE CORPORATE SERVICES, INC. 780 NW LEJEUNE ROAD, SUITE 324 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>ESQUIRE CORPORATE SERVICES, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 N.W. LE JEUNE ROAD STE 500</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINURO INVESTMENTS, LLC 780 NORTHWEST LE JEUNE ROAD SUITE 324 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINURO INVESTMENTS, LLC 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARMAC, LLC 780 NORTHWEST LE JEUNE ROAD SUITE 324 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARMAC, LLC 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERICI, LLC 780 NORTHWEST LE JEUNE ROAD SUITE 324 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERICI, LLC 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
<b>SIGNATURE:</b> <u>MARCO ROMAGNOLI</u> <b>02/21/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					