


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000069746 1. Entity Name 211 COMPANY, LLC	
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Principal Place of Business 6500 S.W. 14TH STREET MIAMI, FL 33144	Mailing Address 6500 S.W. 14TH STREET MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



02282007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4356876	Applied For 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 MEDINA, LISANDRO 6400 S.W. 14TH STREET MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

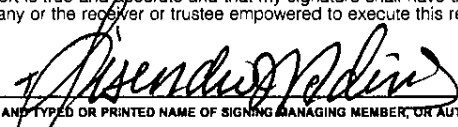
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, LISANDRO 6500 S.W. 14TH STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, GERSON 6500 S.W. 14TH STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, ARIS 6500 S.W. 14TH STREET MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80034-014 50.00

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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:  5/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date Daytime Phone #
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