2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000071608

1. Entity Name

SAN REMO HOMES HOLDINGS, LLC

FILED Feb 05, 2008 08:00 AN Secretary of State

Principal Place of Business

10 NW LE JEUNE RD

SUITE 500 MIAMI, FL 33126 Mailing Address

10 NW LE JEUNE RD SUITE 500 MIAMI, FL 33126



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3279789

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.

10 NW LE JEUNE ROAD SUITE 500

MIAMI, FL 33126

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8	3. 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)

U0000089597

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

02/14/08-80072-002 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINURO INVESTMENTS, LLC .10 NW LE JEUNE RD STE 500 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARMAC, LLC 10 NW LE JEUNE RD STE 500 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR MERICI,LLC 10 NW LE JEUNE RD STE 500 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-SJ-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		

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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 employeed to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #