


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90348 023 \*\*\*\*50.00

<b>DOCUMENT # L05000079523</b>	
1. Entity Name <b>CORPORATE PARK AT INVERRARY, LLC</b>	

Principal Place of Business <b>600 BRICKELL AVENUE, #800 MIAMI, FL 33131</b>	Mailing Address <b>600 BRICKELL AVENUE, #800 MIAMI, FL 33131</b>
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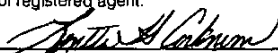
2. Principal Place of Business - No P.O. Box # <b>777 Brickell Avenue</b>	3. Mailing Address <b>777 Brickell Avenue</b>
Suite, Apt. #, etc. <b>suite 808</b>	Suite, Apt. #, etc. <b>suite 808</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33131</b>	Zip <b>33131</b>
Country <b>USA</b>	Country <b>USA</b>



03282007 Chg-LLC CR2E083 (12/06)


4. FEI Number <b>20-1875786</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>COCKRUM, LORETTA H 600 BRICKELL AVE SUITE 800 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>777 Brickell Avenue</b> <b>suite 808</b> City <b>Miami</b> FL Zip Code <b>33131</b>
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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 	<b>Loretta Cockrum</b>	<b>3/29/07</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERLON INVESTMENTS, LLC 600 BRICKELL AVENUE, #800 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>777 Brickell Avenue, suite 808</b> <b>Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: 	<b>Loretta Cockrum</b>	<b>3/29/07</b>	<b>305 358 9807</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>