


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-09-2007 90345 020 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000079528</b>          |  |
| 1. Entity Name<br>550 WATER STREET, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>600 BRICKELL AVENUE, #800<br>MIAMI, FL 33131 | Mailing Address<br>600 BRICKELL AVENUE, #800<br>MIAMI, FL 33131 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><i>777 Brickell Avenue</i> | 3. Mailing Address<br><i>777 Brickell Avenue</i> |
| Suite, Apt. #, etc.<br><i>Suite 808</i>                                      | Suite, Apt. #, etc.<br><i>Suite 808</i>          |
| City & State<br><i>Miami, FL</i>   | City & State<br><i>Miami, FL</i>                 |
| Zip<br><i>33131</i>  | Country<br><i>USA</i>                            |



03282007 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br>20-1875786                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>SEVILLA, CHARLOTTE R<br>600 BRICKELL AVE<br>SUITE 800<br>MIAMI, FL 33131 | 7. Name and Address of New Registered Agent<br>Name <i>Loretta Cockrum</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>777 Brickell Avenue</i><br><i>Suite 808</i><br>City <i>Miami</i> FL Zip Code <i>33131</i> |
|---|--|

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 *Loretta Cockrum* *Loretta Cockrum* 3/29/07  
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 May 1, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SHERLON INVESTMENTS, LLC<br>600 BRICKELL AVENUE, #800<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>777 Brickell Avenue, Suite 808</i><br><i>Miami, Florida 33131</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Loretta Cockrum* *Loretta Cockrum* 3/29/07 305 358-9807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #