

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


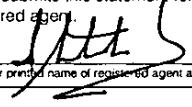

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90035 008 ****50.00

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08302007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000079553					
1. Entity Name TEQUESTA ISLAND HOLDINGS, L.L.C.					
Principal Place of Business 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33134			Mailing Address 304 PALERMO AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 304 Palermo Ave		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State		4. FEI Number 11-3767187	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, GERARDO ESQ. 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name: OSCAR CONSTANDSE Street Address (P.O. Box Number is Not Acceptable): 304 Palermo Ave City: Coral Gables FL Zip Code: 33134		
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: _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSTANDSE, OSCAR 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	304 Palermo Ave Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSTANDSE, VILMA 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	304 Palermo Ave Coral Gables, FL 33134	<input checked="" 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
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: 			Date: 8/30/07 Daytime Phone #: 305 448 5585		