2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000084671

1. Entity Name

METROPOLIS AT SEMORAN, LLC

Principal Place of Business

1111 PARK CENTER BLVD

SUITE 360 MIAMI, FL 33169 Mailing Address

1111 PARK CENTER BLVD SUITE 360

MIAMI, FL 33169

FILED Apr 14, 2008 08:00 A Secretary of State



03172008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-3378826

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

LLERA, KAREN 1111 PARK CENTER BLVD SUITE 360 MIAMI, FL 33169

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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.	

(NOTE, Registered Agent signature required when reinstating)

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

U000000895240

04/24/08-80060-020 138.7

DATE

MANAGING MEMBERS/MANAGERS 9. MGRM HITLE SIMKIN INDUSTRIES, INC NAME STREET ADDRESS 1111 PARK CENTER BLVD SUITE 360 CITY-ST-ZIP MIAMI, FL 33169 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

7/9/0

Daytme Phone #