2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000087321

1. Entity Name 1400 & 1402 COLLINS, LLC



FILED Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

37 SOUTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166 US Mailing Address

37 SOUTH ROYAL POINCIANA BLVD. MIAM! SPRINGS, FL 33166 US



03262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Т	Applied For
20-6638197		\vdash	Not Applicable
5. Certificate of Status Desired	□ \$5.		Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, IRENE 37 SOUTH ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166

DO NOT WRITE IN THIS SPACE

INITANI SEI	XII495, FE 33100	IN THIS SPACE
	named entity submits this statement for the purpose of changing its registered lons of registered agent.	ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	d Agent eignature required when reinstating) DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	RA	
NAME	PEREZ, IRENE	
STREET ADDRESS	37 SOUTH ROYAL POINCIANA BLVD.	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	U00000694063
TITLE		04/17/07-80003-005 50.00
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME PERCET ADDRESS	,	1
STREET ADDRESS CITY-ST-ZIP		

TITLE		
NAME AVACET ADDRESS		i
STREET ADDRESS		i ·
CITY-ST-ZIP		
TITLE		

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

STREET ADDRESS CITY-ST-ZIP

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

9-26-07

505-887-7932

Daytime Phone ∉