

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L05000088444

1. Entity Name
NASSAU VILLAGE CONDOS INVESTORS, LLC



Principal Place of Business
5835 BLUE LAGOON DRIVE, SUITE 302
MIAMI, FL 33126

Mailing Address
5835 BLUE LAGOON DRIVE, SUITE 302
MIAMI, FL 33126



01302007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3443087	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BALOYRA, JOSE
SUITE 300 GROVE PROFESSIONAL BUILDING
2950 SW 27TH AVENUE
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 re-stating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDEROS, JORGE 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, EDUARDO 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126
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	

000000882723
04/05/07-80013-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Jorge Mederos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/07
Date Daytime Phone #