


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90316 042 \*\*\*\*50.00

<b>DOCUMENT # L05000093359</b> 1. Entity Name <b>CLARTE INTERNATIONAL PROPERTIES, LLC</b>					
Principal Place of Business <b>1421 SOUTH MIAMI AVE STE 7 MIAMI, FL 33131</b>			Mailing Address <b>1421 SOUTH MIAMI AVE STE 7 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>4535 Ponce de Leon Blvd.</b>		3. Mailing Address <b>4535 Ponce de Leon Blvd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Coral Gables, FL.</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>20-3638529</b>	
Zip <b>33146</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>33146</b>		Country <b>USA</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>PADRON, CARLOS E ESQ. 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134</b>			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete <b>HERNANDEZ, HARVEY 4535 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete <b>ZABALA, MARY 1421 SOUTH MIAMI AVE, STE 7 MIAMI, FL 33131</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4535 Ponce de Leon Blvd Coral Gables, FL 33146</b>				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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.					
<b>SIGNATURE:</b> _____ <b>4-20-07</b> <b>(305) 740-0819</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					