2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 AUG -8 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000099525

1. Entity Name
EUROPA STAIRWAYS LLC

Principal Place of Business	Mailing Address
7220 N.W. 31ST STREET MIAMI, FL 33122 US	7220 N.W. 31ST STREET MIAMI, FL 33122 US

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08062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2665 S. Bayshore Drive
Suite, Apt #, etc	Suite, Apt #, etc Suite 703
City & State	City & State Miami, FL
Zip / Country	Zip / Country 33133 / USA

4. FEI Number
20-3610606
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNSWORTH, ROBERT 7220 N.W. 31ST STREET MIAMI, FL 33122	Name: Mitchell S. Polansky, Esq. Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Drive, Suite 703 City: Miami FL 33133

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: Mitchell S. Polansky 8/6/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

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Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	INST SIERRA, SEBASTIEN D 20225 N.E. 34TH COURT ,APT. 2716 AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Dunsworth, Robert 7220 N.W. 31st Street Miami, FL 33122	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Dunsworth, Ingrid 7220 N.W. 31st Street Miami, FL 33122	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900109195229 08/15/07--01036--005 **55.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Ingrid Dunsworth 8/6/07 786-845-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #