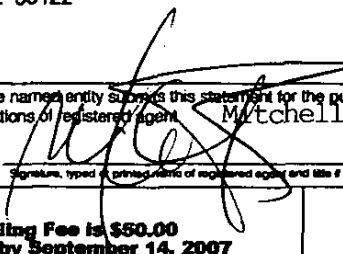


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000099525			
1. Entity Name EUROPA STAIRWAYS LLC			
Principal Place of Business 7220 N.W. 31ST STREET MIAMI, FL 33122 US		Mailing Address 7220 N.W. 31ST STREET MIAMI, FL 33122 US	
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	33133	USA
4. FEI Number 20-3610606		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		08062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DUNSWORTH, ROBERT 7220 N.W. 31ST STREET MIAMI, FL 33122		7. Name and Address of New Registered Agent 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. Mitchell S. Polansky SIGNATURE  DATE 8/6/07 (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$50.00 Due by September 14, 2007		BK	
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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. Ingrid Dunsworth SIGNATURE:  DATE 8/6/07 786-845-9844 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			