2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000102387

CARMONA HOLDINGS, L.L.C.



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

14318 SW 17 STREET MIAMI, FL 33175

Mailing Address

14318 SW 17 STREET MIAMI, FL 33175



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1261225

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARMONA, FELIPE 14318 SW 17 STREET MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

| | | Otate of Florida Law familiar with and goods |
|--|---|--|
| The above named entity submits this statement for the purpose of chathe obligations of registered agent. | anging its registered office of registered agent, or doth, in the | e State of Florida. I am familiar with, and accept |
| SIGNATURE 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 May 1, 2007 | | |

| J. | WANAGING WEWBEAS/WANAGERS | |
|---|---------------------------|--|
| TITLE | MGRM | |
| NAME | CARMONA, FÉLIPE | |
| STREET ADDRESS | 14318 SW 17 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33175 | |
| TITLE | MGRM | |
| NAME | CARMONA, MARTHA C | |
| STREET ADDRESS | 14318 SW 17 STREET | |
| CITY-ST-ZIP . | MIAMI, FL 33175 | |
| 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 | | |
| 11 I hereby certify that the information supplied with this filling does not qualify for the ex | | |

MANAGING MEMBERS/MANAGERS

000000615119 02/06/07-80058-009 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 trace 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: SIGNATURE AND T

IGNING MANABING MEMBER, OR AUTHORIZED REPRE

Daytime Phone #