

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90180 007 ****50.00

DOCUMENT # L05000103375 1. Entity Name 2770 BUFORD HIGHWAY LLC					
Principal Place of Business 3802 N.E. 207 STREET, SUITE 2303 AVENTURA, FL 33180			Mailing Address 3802 N.E. 207 STREET, SUITE 2303 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
02022007			Chg-LLC		CR2E083 (12/06)
4. FEI Number 20-3805651				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RESTREPO, RAFAE F 3802 NE207TH ST SUITE 2303 AVENTURA, FL 33180			Name RESTREPO RAFAEL F Street Address (P.O. Box Number is Not Acceptable) 3802 N E 207 ST #2303 City AVENTURA FL Zip Code 33180		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESTREPO, RAFAE F 3802 NE 207TH ST SUITE 2303 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESTREPO RAFAEL F 3802 NE 207 ST #2303 AVENTURA FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Rafael F. Restrepo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			02.12.07 <small>Date</small>		305 773 2699 <small>Daytime Phone #</small>