2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

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Entity Name: 719 PARADISO, LLC

Current Principal Place of Business:

C/O CRAIG R. DEARR, P.A.
9130 S. DADELAND BLVD. #1609
MIAMI, FL 33156 US

New Principal Place of Business:

C/O CRAIG R. DEARR, P.A.
9100 S. DADELAND BLVD. PH-1, SUITE 1701
MIAMI, FL 33156 US

Current Mailing Address:

C/O CRAIG R. DEARR, P.A.
9130 S. DADELAND BLVD. #1609
MIAMI, FL 33156 US

New Mailing Address:

C/O CRAIG R. DEARR, P.A.
9100 S. DADELAND BLVD. PH-1, SUITE 1701
MIAMI, FL 33156 US

FEI Number: 36-4595566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEARR, CRAIG R
9130 S. DADELAND BLVD. #1609
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

DEARR, CRAIG R
9100 S. DADELAND BLVD. PH-1, SUITE 1701
MIAMI, FL 33156 US

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.

SIGNATURE: 03/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TOVAR, ROGELIO
Address: 9130 S. DADELAND BLVD
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TOVAR, ROGELIO
Address: 9100 S. DADELAND BLVD. PH-1, SUITE 1701
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROGELIO TOVAR MGRM 03/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date