


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90145 002 \*\*\*\*50.00

**DOCUMENT # L05000109879**

1. Entity Name  
**CODEL, LLC**



Principal Place of Business  
**% 1390 BRICKELL AVENUE, SUITE 200  
 MIAMI, FL 33131**

Mailing Address  
**% 1390 BRICKELL AVENUE, SUITE 200  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



02142007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3802376</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALVARO CASTILLO B., P.A.  
 1390 BRICKELL AVENUE, SUITE 200  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 *Alvaro Castillo* (NOTE: Registered Agent signature required when reinstating) DATE 3-14-07

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTILLO, ALVARO ESQ. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEBISOL INVESTMENTS LLC 862 SUNFLOWER CIR FORT LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: *Alvaro Castillo* 3-14-07 (305) 571-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #