


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000114365 1. Entity Name SAN REMO PROPERTIES, LLC	
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Principal Place of Business 5900 N.W. 97TH AVENUE SUITE C-11 MIAMI, FL 33178	Mailing Address 5900 N.W. 97TH AVENUE SUITE C-11 MIAMI, FL 33178
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01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3859606	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GONZALEZ, WILLIAM D 5900 N.W. 97TH AVENUE SUITE C-11 MIAMI, FL 33178
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

**U000000609346
02/01/07-80046-011 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRANSAMERICA CONSTRUCTION COMPANY 5900 N.W. 97TH AVENUE SUITE C-11 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KUCHLE, OWALDO 5900 N.W. 97TH AVENUE SUITE C-11 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KUCHLE, REGINALDO 5900 N.W. 97TH AVENUE SUITE C-11 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PERAZA, MELCHOR 5900 N.W. 97TH AVENUE SUITE C-11 MIAMI, FL 33178
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/07 (305) 710-8666
Date Daytime Phone #