

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90152 039 \*\*\*\*50.00

**DOCUMENT # L05000115410**

1. Entity Name  
**2175-2189 SW 1ST STREET, LLC**



Principal Place of Business      Mailing Address

**752 WEST FLAGLER STREET, SUITE 105**      **752 WEST FLAGLER STREET, SUITE 105**  
**MIAMI FL 33130**      **MIAMI FL 33130**



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

1st MOORE      CR2E083 (10/06)

**6. Name and Address of Current Registered Agent**

**ATRIUM REGISTERED AGENTS, INC.**  
**1500 SAN REMO AVENUE, SUITE 125**  
**CORAL GABLES FL 33146**

4. FEI Number **65-0091937**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name **Mariann Klotz**

Street Address (P.O. Box Number is Not Acceptable)  
**752 West Flagler St #105**

City **Miami, FL**      Zip Code **33130**

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 *Mariann Klotz*      DATE **2/20/07**

Signature, typed or printed name of registered agent is applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete
	<b>MGRM</b>			<input type="checkbox"/>
	<b>Macyn Co Ltd.</b>			<input type="checkbox"/>
	<b>752 West Flagler St #105</b>			<input type="checkbox"/>
	<b>Miami, FL 33130</b>			<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mariann Klotz*      Date **2/20/07**      Copying Phone # **305 845 8927**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE