

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 DEC -3 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L05000116885 1. Entity Name 2300 PRA, LLC | | | | | |
| Principal Place of Business 8390 NW 53 ST. SUITE 110 MIAMI, FL 33166 | | | Mailing Address 8390 NW 53 ST. SUITE 110 MIAMI, FL 33166 | | |
| 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 | 09262007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent MONCADA, PEDRO 8390 NW 53 ST. SUITE 110 MIAMI, FL 33166 | | | | 7. Name and Address of New Registered Agent Name <u>Alejandro Tortorella</u> Street Address (No P.O. Box Number is Not Acceptable) <u>7508 NW 54 Street</u> City <u>Miami</u> FL Zip Code <u>33166</u> | |
| 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 <u>[Signature]</u> DATE <u>11/26/07</u> <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Amended AR is \$50.00 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MONCADA, PEDRO 8390 NW 53 ST. SUITE 110 MIAMI, FL 33166 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100112773561 12/03/07--01022--013 **75.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Alejandro Tortorella 7508 NW 54 Street Miami, FL 33166 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 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 | |
| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>11/26/07</u> Daytime Phone # | | |