## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 19, 2007 8:00 am Secretary of State 01-29-2007 90148 012 \*\*\*\*50.00

1/4

Zip   Gountry   Zip   Country   S. Carrificate of Status Dasked   \$5.00 Additions Fig. Required  8. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Name   Striet Address of New Registered Agent   Name   Name   Striet Address of New Registered Agent   Name   Name   Name   Striet Address of New Registered Agent   Name   N	1. Entity Name	MENT # L06000011 ARTOW, LLC			01-29-2007	90148 012 **	**50.00		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.	8603 S. DIXII	HIGHWAY, SUITE 208	208						
City & State  Country  A. FEI Number  S. Conflictor of Status Desired  S. Conflictor of Status Desired  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Sineof Address (P.O. Box Numbor is Not Acceptable)  City  FL Zip Code  8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamter with, and a record of registered agent, or both, in the State of Florida. I am tamter with, and a record of registered agent	Principal Place of Business - No P.O. Box #     3. Mailing Address								
City & State  City & Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01032007	Cha-LLC C	R2E083 (12/06)	
Source   S	City & State		City & State		4. FEI Numb	per	VAC	oplied For	
ESPINO, LUIS A ESQ 201 S. BISCAYNE BOULEVARD, SUITE 400  MIAMI, FL 33131  City  FL Zip Code  8. The above named onlity 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 a rice obligations of registered agent.  SIGNATURE  Squares types or prised mans of registered agent are stell sopelated.  BY THING Fee is \$50.00  Due by May 1, 2007  DUE  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  OTHER MARK  GARCIA, GENARO R  STREET ADDRESS  OTH-ST-ZP  MIAMI, FL 33143  DERIVE  MARK  SANCHEZ, ALEJANDRO G  STRET ADDRESS  STRET ADDRESS  OTH-ST-ZP  MIAMI, FL 33159  THE  MARK  SANCHEZ, ALEJANDRO G  STRET ADDRESS  OTH-ST-ZP  MIAMI, FL 33143  Delete  MIAMI, FL 33144  Delete  MIAMI, FL 33144  Delete  MIAMI, FL 33145  Delete  MIAMI, FL 33145  Delete  M	Zip	Gountry	Zip	Count	try			\$5.00 Add	litional
ESPINO, LUIS A ESQ 201 S. BISCAYNE BOULEVARD, SUITE 400 MIAMI, FL 33131  City FL Zip Code  3. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmflar with, and a the obligations of registered agent.  SIGNATURE  Sequence, hydre or prison name of registered agent and life it subplicable.  DITE Implies to \$50,00  Due by May 1, 2007  Filling Fee is \$50,00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  CITY-51-2P  MIAMI, FL 33143  CITY-51-2P  MIAMI, FL 33143  CITY-51-2P  TITLE  MGRM  GRM  GRM  GRM  GRM  GRM  GRM  G		6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Regis	`	
B. The above named ontily 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 a the obligations of registered agent.  SIGNATURE    Signature   Sig	201 S. BIS	CAYNE BOULEVARD, SUITE							
8. The above named ontily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature		•		ł	City		*	Zip Cod	<del></del> e
HITE MAME GARCIA, GENARO R SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143  CITY-ST-ZIP MIAMI, FL 33143  CITY-ST-ZIP MIAMI, FL 33143  CITY-ST-ZIP  IIILE MGRM	SIGNATURE  Signature, typed or printed name of registered agent and tifle if applicable. (NOTE: Registered Agent signature required when revisiong)  DATE  Filling Fee is \$50.00  Make check payable to								
ITILE   MGRM   Delete   ITILE   MAME   GARCIA, GENARO R   STREET ADDRESS   B603 S. DIXIE HIGHWAY, SUITE 208   CITY-ST-ZIP   MIAMI, FL 33143   CITY-ST-ZIP   MIAMI, FL 33158   CITY-ST-ZIP   MIAMI, FL 33158   CITY-ST-ZIP   MIAMI, FL 33158   CITY-ST-ZIP   TITLE   MGRM   Delete   TITLE   MGRM   Delete   TITLE   MGRM   Delete   MAME   MAME   MIAMI, FL 33158   CITY-ST-ZIP   MIAMI, FL 33158   CITY-ST-ZIP   MIAMI, FL 33143   CITY-ST-ZIP   MIAMI   STREET ADDRESS   CITY-ST-ZIP   MIAMI   STREET ADDRESS   CITY-ST-ZIP   MIAMI   STREET ADDRESS   CITY-ST-ZIP   MIAMI   STREET ADDRESS   CITY-ST-ZIP   MAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   MAME   STREET ADDRESS   CITY-ST-ZIP   MAME   STREET ADDRES	9.	MANAGING MEMBE	RS/MANAGERS	10	÷		ADDITIONS (CHA	, ,	
NAME SANCHEZ, ALEJANDRO G SIREET ADDRESS CITY-ST-ZIP  MIRMI, FL 33156  Delete  MIRMI, FL 33156  Delete  MIRMI, FL 33156  Delete  MIRMI, FL 33143  Delete  MIRMI  MAME SIREET ADDRESS CITY-ST-ZIP  MILLE  MAME SIREET ADDRESS CITY-ST-ZIP  MILLE  MAME SIREET ADDRESS CITY-ST-ZIP  Delete  MIRMI  MAME SIREET ADDRESS CITY-ST-ZIP  DELET  MAME SIREET ADDRESS CITY-ST-ZIP  MILLE  MAME SIREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	MGRM GARCIA, GENARO R 8603 S. DIXIE HIGHWAY, SUITE	☐ Delete	TITLE NAME STREE	E ET ADDRESS	-	ADDITIONS/CHA		Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SANCHEZ, ALEJANDRO G 9350 S. DIXIE HIGHWAY, SUITE		name Strei	ET ADDRESS			☐ Change	Addilien
NAME STREET ADDRESS CITY-ST-ZIP  TILE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE Change AME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS	ESPINO, FERNANDO 8609 S.W. 68TH COURT, #6	☐ Delete	NAME STREE	E ET ADORESS			☐ Change	Addition
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	E ET ADDAESS			☐ Change	Addition
TATLE Delete TITLE Change A	NAME STREET ADDRESS		☐ Delete	NAME STREE	E Et address			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	name Strei	E Et adoress			☐ Change	Adultion
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  BIGNATURE:  BIGNATURE:  Description of the property of trustee and or significant and the property of trustee and trustee an									