

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011654

**FILED**  
**Mar 16, 2007**  
**Secretary of State**

**Entity Name:** SYLVIA M. URRECHAGA, P.L.

**Current Principal Place of Business:**

3211 PONCE DELEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

3211 PONCE DELEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

FEI Number: 20-4298556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

3211 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

3211 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

**Name and Address of Current Registered Agent:**

URRECHAGA, SYLVIA M  
280 COSTANERA RD.  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

URRECHAGA, SYLVIA M  
3211 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

03/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: URRECHAGA, SYLVIA M  
Address: 280 COSTANERA RD.  
City-St-Zip: CORAL GABLES, FL 33143 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: URRECHAGA, SYLVIA M  
Address: 3211 PONCE DE LEON BLVD., SUITE 200  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SYLVIA M. URRECHAGA

MGR

03/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date