2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State
02-06-2007 90030 029 ****50.00

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1. Entity Name
VERTIKA UNITS, LLC

Principal Place of Business	Mailing Address
5414 PINE TREE DR. MIAMI BEACH, FL 33140	5414 PINE TREE DR. MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
690 S.W. 1st Ct.	690 S.W. 1st Ct.
Suite, Apt. #, etc.: PHI-04	Suite, Apt. #, etc.: PHI-04
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33130 Country: U.S.	Zip: 33130 Country: U.S.

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 03-0600540 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPOTE, NIBALDO J 5414 PINE TREE DR. MIAMI BEACH, FL 33140	Name: CAPOTE, NIBALDO J. Street Address (P.O. Box Number is Not Acceptable): 4000 PONCE DE LEON, SUITE 400 City: CORAL GABLES FL Zip Code: 33146

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 [signature] 1/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CARLOS CONTRERAS 690 S.W. 1st Ct., PHI-04 MIAMI, FL. 33130 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

CARLOS CONTRERAS

SIGNATURE: [signature] 1/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #