
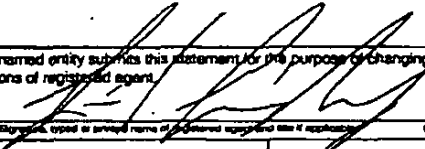
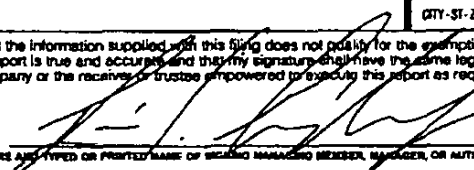


FILED
Jun 11, 2007 8:00 am
Secretary of State

04-19-2007 90039 012 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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DOCUMENT # L06000021043					
1. Entity Name 7335 - RESIDENTIAL, LLC					
Principal Place of Business 6065 N.W. 167TH STREET, SUITE #B-2 MIAMI, FL 33015			Mailing Address 6065 N.W. 167TH STREET, SUITE #B-2 MIAMI, FL 33015		
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		Country		Country	
6. Name and Address of Current Registered Agent GONZALEZ, RENE S 6065 N.W. 167TH STREET, SUITE #B-2 MIAMI, FL 33015				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 		DATE		DATE	
Filing Fee is \$80.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENE S. GONZALEZ	NAME		NAME	
STREET ADDRESS	6065 NW 167 ST B2	STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33015	CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
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 prepare this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		DATE		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE		Daytime Phone #	

30010390



04182007 Chg-LLC CR2E083 (12/08)

4. FEI Number 02-0769153 Applied For Not Applicable

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