

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025986

Entity Name: 1200 BRICKELL BAY DR. 3502

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

10 VENETIAN WAY  
2004  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

10 VENETIAN WAY  
2004  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MONTEVERDE, SANDRA  
10 VENETIAN WAY  
2004  
MIAMI BEACH, FL 33139 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      SANDRA, MONTEVERDE  
Address:                      10 VENETIAN WAY SUITE 2004  
City-St-Zip:                      MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA MONTEVERDE

MGR

05/01/2007

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