FILED
Mar 13, 2008 8:00 am
Secretary of State

02-12-2008 90065 011 ***138.75

2008 LIMITED LIABILITY COMP Y ANNUAL REPORT (AR) –DUE BY M 1, 2008

2/12/

DOCUMENT # L06000026089

1. Entity Name

NEXUS MIAMI REAL ESTATE GROUP, LLC.

Principal Place of Business

17125 N. BAY RD, UNIT 3410
SUNNY ISLES BEACH FL 33160

Mailing Address

17125 N. BAY RD, UNIT 3410
SUNNY ISLES BEACH FL 33160

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 1160 Kane Concourse
Suite, Apt. #, etc.: 304
City & State: Bay Harbor FL
Zip: 33154 Country: Dade / usa

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 20-4251083 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, RICHARD
17125 N. BAY RD, UNIT 3410
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BASS, RICHARD D		NAME		
STREET ADDRESS	700 S. HARBOUR ISLAND BLVD. #305		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARBAJAL, MARCUS M		NAME		
STREET ADDRESS	1300 E. WOODFIELD RD. SUITE 312		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG FL 60173		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 Section 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.

SIGNATURE: [signature] 2-5-08 3053033753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #