

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027195

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** 7135 COLLINS AVE SUITE 612, LLC.

**Current Principal Place of Business:**

9104 NE 10 AVE  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

CITY NATIONAL BANK BUILDING 300 71 ST  
SUITE 308  
MIAMI BEACH, FL 33141 US

**Current Mailing Address:**

PO BOX 191100  
MIAMI BEACH, FL 33119 US

**New Mailing Address:**

PO BOX 191100  
C/O FERNANDO J BRANCA  
MIAMI BEACH, FL 33119 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

BRANCA, FERNANDO J  
9104 NE 10 AVE  
MIAMI SHORES, FL 33138 US

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

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: MGRM ( ) Delete  
Name: PAXXTON CAPITAL PART, NERS LLC  
Address: 9104 NE 10 AVE  
City-St-Zip: MIAMI SHORES, FL 33138 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PAXXTON CAPITAL PART, NERS LLC  
Address: 300 71 STREET SUITE 308  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: FERNANDO BRANCA                      MGRM                      04/30/2007

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