

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 014 \*\*\*\*50.00

<b>DOCUMENT # L06000029502</b> 1. Entity Name <b>CARDINAL COVE ESTATES, LLC</b>					
Principal Place of Business <b>10850 SW 113 PL SUITE 104 MIAMI, FL 33176</b>			Mailing Address <b>10850 SW 113 PL SUITE 104 MIAMI, FL 33176</b>		
2. Principal Place of Business - No P.O. Box # <b>10850 SW 113 PL</b>		3. Mailing Address <b>10850 SW 113 PL</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">30007556</div> <div style="margin-top: 10px;">             04122007    Chg-LLC    CR2E083 (12/06) </div>	
Suite, Apt. #, etc. <b>101</b>		Suite, Apt. #, etc. <b>SUITE 101</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33176</b>		Zip <b>33176</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-4532342</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CONTRERAS, IVAN E 10850 SW 113 PL STE 104 MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name <b>CONTRERAS, IVAN E</b> Street Address (P.O. Box Number is Not Acceptable) <b>10850 SW 113 PL</b> <b>SUITE 101</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33176</b>		
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 <b>IVAN CONTRERAS</b> DATE <b>4/12/2007</b> <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
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	MGRM SALAS, VICTOR H 10850 SW 113 PL, SUITE 104 MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAS, VICTOR H 10850 SW 113 PL, SUITE 101 MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTRERAS, IVAN E 10850 SW 113 PL, SUITE 104 MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTRERAS, IVAN E 10850 SW 113 PL, SUITE 101 MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <b>IVAN CONTRERAS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <b>4/12/07</b> PHONE: <b>305-669-1496</b> <small>DATE    Daytime Phone #</small>		



ATTACHMENT

30007556

#L06000029502

-Date of this notice: 03-30-2006

**XX**

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:  
1-800-829-4933

CARDINAL COVE ESTATES LLC  
IVAN E CONTRERAS MBR  
10850 SW 113 PL STE 104  
MIAMI FL 33176

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-4532342. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2007

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)