

Apr. 30. 2007 10:20AM

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90257 050 ****50.00

60048051



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-479273A** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

HALLER, KENNETH M
12516 N. KENDALL DRIVE #314
MIAMI, FL 33186

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE _____
NAME MGRM
STREET ADDRESS OPPEL, GUSTAVO
CITY-ST-ZIP P.O. BOX 800610
MIAMI, FL 33280 ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

10. ADDITIONS/CHANGES

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GUSTAVO OPPEL

4/30/07

Date

Daytime Phone #