2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 13, 2007 8:00 am Secretary of State

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DOCUMENT # L06000043053 1. Enlity Name ARTECH 425, LLC							05-07-200	07 903	, 78 019 * [;]	***50.00
Principal Place of Business Malling Address 1 ALHAMBRA PLAZA 1 ALHAMBRA PLAZA SUITE 1405 SUITE 1405 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33			I 3134	US		30012200				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. *, etc.			i	03212007	Chg-LLC	CR2E	083 (12/06)	·
City & State		City & State				4. FELNumbe	4819106		N	pplied For ot Applicable
Zip	Country	Zip Cou		iry			of Status Desired		\$5.00 Add Fee Require	ditiona! ed
5. N	ame and Address of Current F	Registered Agent		Name	•	7. Name and	Address of New Re	gistered	Agent	
HALPERN RODE 370 MINORCA A SUITE 8 CORAL GABLES	VENUE ,				ddress (P.C	D. Box Numbe	r is Not Acceptable)			
Si .	FL 33134		}	City	_		····	FI	Zip Cod	
the obligations of re	entity submits this statement for agistered agent.	the purpose of changing its	registere	ad office or r	registered	l agent, or both	, in the State of Flori			and accept
SIGNATURE Signature,	typed or pented name of registered agent a	nd title if applicable. (NOTE	E: Registered	a Agent signaturi	e required wh	en renstating)		DATE	<u> </u>	
Filing F	ee is \$50.00 May 1, 2007		E: Registered	a Agent signaturi	required wh	en remining)	Florida	check p Departm	payable to nent of State	0
Filing F	ee is \$50.00		E Registered	·		en remitating)		check p Departm	nent of State	0
Filing Fo	ee is \$50.00 May 1, 2007		10. TITLE NAME STREE		mer		ADDITIONS/C	check p Departm	nent of State	▼ Addition
Filing F. Due by 9. TILE NAME STREET ADDRESS	ee is \$50.00 May 1, 2007	RS/MANAGERS	10. IIILE NAME STREE CITY- TITLE NAME STREE	E ET ADORESS SET A	MGR Joseph I Alba Caral G MGRM Daniel	n J. Hir mbra Pl nables, F Ir Perrebi nbra Pla.	ADDITIONS/O ADDITIONS/O 2. Stc. 1485 L 33134	check p Departm	ent of State	
Filling F. Due by 9. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ee is \$50.00 May 1, 2007	RS/MANAGERS	10. IITLE NAME STREE CITY- TITLE STREE CITY- TITLE NAME STREE	E ET ADDRESS STATE OF THE STATE	MGR Joseph I Alba Caral G MGRM Daniel	J. Hir mbra Phables, F Ir Poerrebi nbra Pla.	ADDITIONS/CO TSOP 2. Ste. 1485 L 33134 Str. 1485	check p Departm	Change	√ Addition
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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 eath; 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: HE SIGNATURE AND TOPE OF PRINTED NAMED OF SECTION MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE



<u>305.557.0172</u>