2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000043865

1. Entity Name
OFFICE 610 LLC



Principal Place of Business

3363 NE 163RD STREET

SUITE 809 NORTH MIAMI BEACH, FL 33160 Mailing Address

3363 NE 163RD STREET

SUITE 809

NORTH MIAMI BEACH, FL 33160

FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90233 008 ***138.75



02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4787222

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPS, ALAN 666 71ST STREET MIAMI BEACH, FL 33141

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	named entity submits this statement for the purpose of challions of registere \hat{d}^i agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am lamiliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
THTLE	MGR //		
NAME	ARAUJO, ALEJANDRO		
STREET ADDRESS	3363 NE 163RD STREET, SUITE 809		
CITY - ST - ZIP	NORTH MIAMI REACH EL 33160		

STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	3363 NE 163RD STREET, SUITE 809 NORTH MIAMI BEACH, FL 33160	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 appowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

DU OU des ()

ALEJANDRO ARAUL

286-274-1414

Daytime Phone #