



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000067749						<p>FILED</p> <p>07 MAY 25 PM 1:20</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name DEARBORN INVESTMENTS LLC				Principal Place of Business 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133			
Mailing Address 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04092007 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-5202385	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
City & State		City & State		City		FL Zip Code	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	MGR RICHARDS, TIMOTHY D 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500103894396 06/05/07--01015--001 **700.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LLUCH, JAVIER I 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	<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	MGR RON, JOSE ANTONIO 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	<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		
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: <i>Timothy D. Richards</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/9/07		(305) 858-9900	
Date				Daytime Phone #			