

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067921

FILED
Jul 19, 2007
Secretary of State

Entity Name: CON CER 1, LLC

Current Principal Place of Business:

12945 SW 185TH TERRACE
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

12945 SW 185TH TERRACE
MIAMI, FL 33177

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONCHA, ALEJANDRO
12945 SW 185TH TERRACE
MIAMI, FL 33177 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONCHA, ALEJANDRO
Address: 12945 SW 185TH TERRACE
City-St-Zip: MIAMI, FL 33177

Title: MGR () Delete
Name: CONCHA, ELENA
Address: 12945 SW 185 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CONCHA, ALEXANDER
Address: 12945 SW 185 TERRACE
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CONCHA, ALEJANDRO

MGR

07/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date