


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90065 012 \*\*\*\*50.00

**DOCUMENT # L06000075867**

1. Entity Name  
 927 EUCLID, LLC



Principal Place of Business  
 C/O LOUIS P. ARCHAMBAULT, ESQ.  
 2 SOUTH BISCAYNE BLVD., SUITE 2400  
 MIAMI, FL 33131

Mailing Address  
 C/O LOUIS P. ARCHAMBAULT, ESQ.  
 2 SOUTH BISCAYNE BLVD., SUITE 2400  
 MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ARCHAMBAULT, LOUIS P  
 ONE BISCAYNE TOWER  
 2 SOUTH BISCAYNE BLVD., SUITE 2400  
 MIAMI, FL 33131

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  DATE 1/5/07


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICASTRO, MASSIMO		NAME		
STREET ADDRESS	3201 N.E. 183RD STREET, APT. 2708		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATROCHHI, ROBERTO		NAME		
STREET ADDRESS	3201 N.E. 183RD STREET, APT. 2708		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESTINI, GIANCARLO		NAME		
STREET ADDRESS	3201 N.E. 183RD STREET, APT. 2708		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 1/5/07 DAYTIME PHONE # 305-379-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #