

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90147 001 ***100.00

30005271



03312007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5380767** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRIZO, CARLOS
169 EAST FLAGLER STREET, STE. 1534
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **CARRIZO CARLOS**
Street Address (P.O. Box Number is Not Acceptable)
150 SE 2 AVE STE. 900
City **MIAMI** FL Zip Code **33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM CARRIZO, CARLOS ☐ Delete
STREET ADDRESS 169 EAST FLAGLER STREET, STE. 1534
CITY-ST-ZIP MIAMI, FL 33131

TITLE NAME MGRM RODRIGUEZ, SILVIA ☒ Delete
STREET ADDRESS 169 EAST FLAGLER STREET, STE. 1534
CITY-ST-ZIP MIAMI, FL 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM CARRIZO CARLOS ☒ Change ☐ Addition
STREET ADDRESS 150 SE 2 AVE STE 900
CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

UN GCK # 0891