## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## Secretary of State **DOCUMENT # L06000081218** 03-27-2007 90204 040 \*\*\*\*50.00 24/4 MUTINY, LLC Principal Place of Business Mailing Address 111 SW 3RD STREET 111 SW 3RD STREET PENTHOUSE PENTHOUSE MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable 20-5543829 Zip Zκο Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCORMICK, EDWARD J JR ESQ Street Address (P.O. Box Number is Not Acceptable) 111 SW 3RD STREET **PENTHOUSE** MIAMI, FL 33130 City 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 Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent algosaure required when reinstealing) DATE Make Copp. Days be co-Florida Department of State Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9, 10. ADDITIONS/CHANGES TITLE TITLE ☐ Change ☐ Addition Managing Member Delette HAME MANE Eugene Farfann STREET ADDRESS STREET ADDRESS 111 SW 3rd St., Penthouse City St. 7IP CITY-ST-7IP Miami. FL 33130 ITTLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP HILE ☐ Delete MLE ■ Addition ☐ Change NAME MANE STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TIT! F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-7IP 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 trusted employeered to execute this report as required by Chapter 608, Florida Statutes.

03/12/2007

(305) 358-8600

Daytone Phone 8

**FILED** 

Mar 27, 2007 8:00 am