2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L06000081322

Entity Name: 500 US1, LLC

Current Principal Place of Business:

4649 PONCE DE LEON BLVD., SUITE 304
CORAL GABLES, FL 33146

New Principal Place of Business:

4649 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33146

Current Mailing Address:

4649 PONCE DE LEON BLVD., SUITE 304
CORAL GABLES, FL 33146

New Mailing Address:

4649 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33146

FEI Number: 20-5544105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMAN, BRUCE J
201 SOUTH BISCAYNE BLVD., SUITE 2200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

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

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: LEWIS, JONATHAN D
Address: 3575 ANCHORAGE WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP ( ) Change (X) Addition
Name: MILLARES, MARIA R
Address: 824 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA R. MILLARES VP 01/09/2007

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