




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000085444 1. Entity Name CORCHO MANAGEMENT, LLC						ACCOUNTS PAYABLE DEPT. 2007 FEB 12 P 3:30 RECEIVED 	
Principal Place of Business 220 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 US			Mailing Address 220 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 US			01032007 Chg-LLC CR2E083 (12/06)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number N/A		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CTC MANGEMENT SERVICES, LLC 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name CTC Management Services, LLC Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle, 11th Floor City Coral Gables FL Zip Code 33134			
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		<i>PEORO R. PANNA</i> Authorized 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				10. ADDITIONS/CHANGES			
TITLE	<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Commercebanc Trust Company, N.A.				
STREET ADDRESS		STREET ADDRESS	220 Alhambra Circle, 11th Floor				
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33134				
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					
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: 1)		Commercebanc Trust Company, N.A. as Manager <i>PEORO R. PANNA</i>				Date	
SIGNATURE: 2)		<i>Maria Coaleo</i>				Date	
		1/05/07				Daytime Phone #	
		(305) 441-5555					

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2007 MAR 19 AM 9:30
 FILED