2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-16-2007 90355 034 ****50.00

DOCUMENT # L06000087770

1. Entity Name
301 LANDINGS LLC

Principal Place of Business
18206 COLLINS AVE.
SUNNY ISLES, FL 33160

Mailing Address
18206 COLLINS AVE.
SUNNY ISLES, FL 33160

2. Principal Place of Business - No P.O. Box #
9577 Harding Ave.
Suite, Apt. #, etc.

3. Mailing Address
9577 Harding Ave.
Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State: Surfside, FL
Zip: 33154 Country: USA

City & State: Surfside, Fl
Zip: 33154 Country: USA

4. FEI Number: 205487603 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GLEIZER, HERNAN
18206 COLLINS AVE.
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name: Gleizer, Hernan
Street Address (P.O. Box Number is Not Acceptable): 9577 Harding Ave.
City: Surfside FL Zip Code: 33154

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 resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	ALPERN, FERNANDO	
STREET ADDRESS	18206 COLLINS AVE.	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	MGR	☐ Delete
NAME	ASKENAZI, BETTY	
STREET ADDRESS	18206 COLLINS AVE.	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	☐ Change ☐ Addition
NAME	Alpern, Fernando	
STREET ADDRESS	9577 HARDING AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	MGR	☐ Change ☐ Addition
NAME	Askenazi, Betty	
STREET ADDRESS	9577 HARDING AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 #