
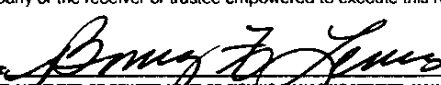


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000093334 1. Entity Name PAPILLON REAL ESTATE, L.L.C.					
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 505 CORAL GABLES, FL 33134			Mailing Address 12300 SW 199TH AVE. MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box # 115 MADEIRA AVENUE Suite, Apt. #, etc. FIRST FLOOR			3. Mailing Address 115 MADEIRA AVENUE Suite, Apt. #, etc. FIRST FLOOR		
City & State CORAL GABLES FL			City & State CORAL GABLES FL		
Zip 33134		Country DADE		4. FEI Number 04302007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent COFFEY, JANIE M 12300 SW 199TH AVE. MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		BK BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFEY, JANIE M 12300 SW 199TH AVE. MIAMI, FL 33196	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete Change <input checked="" type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHELLE LOUISE MONTALVO 115 MADEIRA AVENUE FIRST FLOOR CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500101968355 05/09/07--01043--006 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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 #					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

