2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2007
Secretary of State

DOCUMENT# L06000105082

Entity Name: 1935 AND 1945 MARSEILLE DRIVE PROPERTIES, LLC

Current Principal Place of Business:

5401 NW 110 AVE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

5401 NW 110 AVE
DORAL, FL 33178

New Mailing Address:

FEI Number: 33-1148903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FACIO-LINCE, JEANNETTE
5401 NW 110 AVE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

FACIOLINCE, JEANNETTE
5401 NW 110 AVE
DORAL, FL 33178 US

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: JEANNETTE FACIOLINCE 05/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TORRES, MAURICIO
Address: 5401 NW 110 AVE
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Delete
Name: FACIO LINCE, JEANNETTE
Address: 5401 NW 110 AVE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FACIOLINCE, JEANNETTE
Address: 5401 NW 110 AVE
City-St-Zip: DORAL, FL 33178

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEANNETTE FACIOLINCE MGR 05/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date