


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90355 001 ****50.00

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| DOCUMENT # L06000107394 |  |
| 1. Entity Name WRE 1, LLC | |

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|---|---|
| Principal Place of Business C/O ANDRES ELOY GARCIA ARZOLA 10362 CANOE BROOKS BOCA RATON, FL 33498 | Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131 |
|---|---|

60037400



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|---|--|
| 2. Principal Place of Business - No P.O. Box # 10829 SW 72nd ST | 3. Mailing Address 10829 SW 72nd ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01232007 Chg-LLC CR2E083 (12/06)

| | |
|----------------------------------|----------------------------------|
| City & State Miami, FL | City & State Miami, FL |
| Zip 33173 | Zip 33173 |
| Country USA | Country USA |

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| 4. FEI Number 20-5854716 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| | |
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| 6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

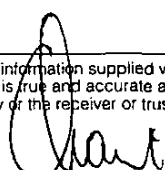
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM JA INTERNATIONAL REAL ESTATE HOLDINGS, LLC 10362 CANOE BROOKS BOCA RATON, FL 33498 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Johnny Mercado 10362 Canoe Brooks Boca Raton, FL 33498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Victor Fung 10362 Canoe Brooks Boca Raton, FL 33498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 #