FILED
Apr 02, 2007 8:00 am
Secretary of State

02-15-2007 90274 048 ***150.00

30003805

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000107818

1. Entity Name
PICKET FENCE HOLDINGS, LLC

Principal Place of Business	Mailing Address
500 SOUTH DIXIE HIGHWAY SUITE 301 CORAL GABLES, FL 33146	500 SOUTH DIXIE HIGHWAY SUITE 301 CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5856077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRE, VENANCIO
500 SOUTH DIXIE HIGHWAY SUITE 301
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 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 TORRE, JOSEFINA 500 SOUTH DIXIE HIGHWAY SUITE 301 CORAL GABLES, FL 33146	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER TORRE HOLDINGS LLC 4320 SANTA MARIA STREET CORAL GABLES, FL 33146	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ KOEN, RONNY 500 SOUTH DIXIE HIGHWAY SUITE 301 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ MANAGER KOEN RONNY 500 SOUTH DIXIE HWY #301 CORAL GABLES FL 33146	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] 1-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #