


FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90136 049 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000108782			
1. Entity Name 450 COMO DEVELOPMENT, LLC			
Principal Place of Business 520 BICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131		Mailing Address 520 BICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 2222 Ponce de Leon Blvd		3. Mailing Address	
Suite, Apt. #, etc. Penthouse Suite		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State	
Zip 33134	Country U.S.A	City FL	Country
4. FEI Number 20-5849598		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR CAMPOS, FERNANDO 520 BICKELL KEY DRIVE MIAMI, FL 33131 <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: Fernando Campos		Date: 02-09-07 Daytime Phone #: 305-374-3800	