

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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<b>DOCUMENT # L06000109996</b> 1. Entity Name <b>PRESERVE HOLDINGS LLC</b>						<b>FILED</b> <b>07 MAY 14 PM 2: 07</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7171 CORAL WAY, SUITE 104</b> <b>MIAMI, FL 33155</b>				Mailing Address <b>7171 CORAL WAY, SUITE 104</b> <b>MIAMI, FL 33155</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip                      Country			3. Mailing Address <b>2665 S. Bayshore Drive</b> Suite, Apt. #, etc. <b>Suite 703</b> City & State <b>Miami, FL</b> Zip                      Country <b>33133                      USA</b>				
4. FEI Number <b>04302007</b> Chg-LLC      CR2E083 (12/06)				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>WORLD CORPORATE SERVICES, INC.</b> <b>2665 SOUTH BAYSHORE DRIVE, SUITE 703</b> <b>MIAMI, FL 33133</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>OSORNO, HELDA M</b> <b>7171 CORAL WAY, SUITE 104</b> <b>MIAMI, FL 33155</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900103589108</b> <b>05/31/07--01007--008    **1100.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;">\$95/22</div>			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		
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: <u>Timothy D. Richards</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <b>4/30/07</b> (305) 858-9900			