


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000110455		
1. Entity Name MET 3 UNIT 2803 HOLDINGS LLC		

FILED
07 MAY 14 PM 2:07
ALLIANCE STATE
ALLIANCE, FLORIDA

Principal Place of Business 7171 CORAL WAY SUITE 104 MIAMI, FL 33155	Mailing Address 7171 CORAL WAY SUITE 104 MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2665 S. Bayshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 703
City & State	City & State Miami, FL
Zip	Country USA



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number	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 WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DR. SUITE 703 MIAMI, FL 33133	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	MGR OSORNO, NOHEMI 7171 CORAL WAY SUITE 104 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103589118 05/31/07--01007--008 **1100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORNO, HELDA 7171 CORAL WAY SUITE 104 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Timothy D. Richards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/07 (305) 858-9900

Date Daytime Phone #