

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111954

Entity Name: LAPEYRE I, LLC

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

5600 SW 135TH AVE., SUITE 216  
MIAMI, FL 33183

**New Principal Place of Business:**

15044 SW 67 LN  
MIAMI, FL 33193

**Current Mailing Address:**

5600 SW 135TH AVE., SUITE 216  
MIAMI, FL 33183

**New Mailing Address:**

15044 SW 67LN  
MIAMI, FL 33193

FEI Number: 20-5916842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFREDO GARCIA-MENOCAL, P.A.  
730 NW 107TH AVENUE, SUITE 115  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAPEYRE, CARLOS  
Address: 5600 SW 135TH AVE., SUITE 216  
City-St-Zip: MIAMI, FL 33183

Title: MGRM ( ) Delete  
Name: LAPEYRE, IVONNE  
Address: 5600 SW 135TH AVE., SUITE 216  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAPEYRE, CARLOS  
Address: 15044 SW 67LN  
City-St-Zip: MIAMI, FL 33193

Title: MGRM (X) Change ( ) Addition  
Name: LAPEYRE, IVONNE  
Address: 15044 SW 67LN  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS LAPEYRE

MGRM

04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date