


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ **FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90216 049 \*\*\*\*50.00

<b>DOCUMENT # L06000117920</b>	
1. Entity Name <b>FERRER RE PROPERTIES, LLC</b>	

Principal Place of Business <b>4551 NW 60TH LANE COCONUT CREEK, FL 33073 US</b>	Mailing Address <b>4551 NW 60TH LANE COCONUT CREEK, FL 33073 US</b>
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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
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02072007 Chg-LLC CR2E083 (12/06) --

4. FEI Number <b>20-8033241</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>FERRER, FRANK, JR. 4551 NW 60TH LANE COCONUT CREEK, FL 33073</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
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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 re-registering) 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	<b>MGR FERRER, FRANK, JR. 4551 NW 60TH LANE COCONUT CREEK, FL 33073</b> <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	<b>Sec Magda I Ferrer 4551 NW 60th Lane Coconut Creek - FL 33073</b> <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
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
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:**  **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**2-12-07** **954-425-8116**  
Date Daytime Phone #