2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L06000118583 1. Entity Name E & M CONDO VENTURE, LLC					04-27-2007 90025 028 ****50.00			
Principal Place of Business 10165 N.W. 19TH STREET MIAMI, FL 33172		Mailing Address 10165 N.W. 19TH STREET MIAMI, FL 33172				6004192	3	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numb	o335 Z3		pplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	tegistered Agent	
				Name &	browl	w. Ea	ston	
ROSENBERG, DONALD S ONE S.E. THIRD AVE., SUITE #3050 MIAMI, FL 33131					s (P.O. Box Numb	er is Not Acceptable		
				City M	iami		FL Zip Coo	*33172
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere				orida. Tam familiar with, 니[덕 [이국	and accept
SIGNATURE .	Signatur, typed or printed name of registered agent	and tale of applicable (NOTE	مع		<u>reast</u>	<u>കു .</u>	417104	
	Olgonia de principal de la conseguia de la general	and the rappingation. (NOTE	: Hegistere	d Agent signature requir	red when reinstating)		DATE	
, Fi	iling Fee is \$50.00 ue by May 1, 2007	and the rappiecause. (No.1)	E. Hegistere	d Agent signature requir	red when reinstating)		te check payable to a Department of Stat	te
, Fi	ling Fee is \$50.00		10.	d Agent signature requir	red when reinstaling)		a Department of Stat	t e
	ling Fee is \$50.00 ue by May 1, 2007				red when reinstaling)	Florida	a Department of Stat	Addition
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.	E	red when reinstating)	Florida	Department of State	
9. TITLE	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10. TITLE NAMI	E	red when reinstating)	Florida	Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET	RS/MANAGERS	10. TITLE NAMI	E E EET ADDRESS -ST-ZIP	red when reinstating)	Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J	RS/MANAGERS	10. TITLE NAMI STRE CITY TITLE	E E EET ADORESS -ST-ZIP E	red when reinstating)	Florida	a Department of Stat	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS	10. TITLE NAMI STRE CITY: TITLE NAMI STRE	E EET ADORESS -ST-ZIP E IE	red when reinstating)	Florida	a Department of Stat	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J	RS/MANAGERS	10. TITLE NAMI STRE CITY: TITLE NAMI STRE	E E EET ADORESS -ST-ZIP E	red when reinstating)	Florida	a Department of Stat	☐ Addition☐ Addition☐ Addition☐
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE	E E EET ADORESS -ST-ZIP E EET ADDRESS -ST-ZIP	red when reinstating)	Florida	a Department of Stat	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI	E E EET ADORESS -ST-ZIP E EET ADDRESS -ST-ZIP E	red when reinstating)	Florida	a Department of State / CHANGES ☐ Change ☐ Change	☐ Addition☐ Addition☐ Addition☐
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E T ADORESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	a Department of State / CHANGES ☐ Change ☐ Change	☐ Addition☐ Addition☐ Addition☐
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP	red when reinstating)	Florida	□ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE TITLE TITLE TITLE TITLE	E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS	red when reinstating)	Florida	a Department of State / CHANGES ☐ Change ☐ Change	☐ Addition☐ Addition☐ Addition☐
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME NAME	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI NAMI NAMI	E E E E E E T ADORESS -S1-ZIP E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	□ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS	red when reinstating)	Florida	□ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	□ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete	10. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete Delete	10. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	□ Change □ Change □ Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete Delete	10. TITLE NAMM STRE CITY	E E E E E E E E E E E E E E E E E E E	red when reinstating)	Florida	□ Change □ Change □ Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172 MGR RICE, MICHAEL J 10165 N.W. 19TH STREET	RS/MANAGERS Delete Delete Delete Delete Delete	10. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E		ADDITIONS (Change Change Change Change	Addition Addition Addition Addition

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: LEASTON EASTON SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4(9(07

(305)593-2222