



FILED
Jul 14, 2008 8:00 am
Secretary of State

04-28-2008 90058 014 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000119089			
1. Entity Name 1951 SOUTH RIVER DRIVE HOLDINGS, LLC			
Principal Place of Business 1431 NW 13TH TERRACE MIAMI, FL 33125		Mailing Address 1431 NW 13TH TERRACE MIAMI, FL 33125	
2. Principal Place of Business - No P.O. Box # 17501 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 340 City & State AVENTURA - FLORIDA Zip 33160 Country USA		3. Mailing Address 17501 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 340 City & State AVENTURA - FLORIDA Zip 33160 Country USA	
4. FFL Number 30-0493437		<input checked="" type="checkbox"/> 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 CUEVAS & ORTIZ, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACALA, LLC	NAME	
STREET ADDRESS	1431 NW 13TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMMA INTERNATIONAL DEVELOPMENTS LIMITED	NAME	
STREET ADDRESS	1431 NW 13TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		ANTONIO CASTELBONO SECRETARY	
SIGNATURE AND TYPED OR PRINTED NAME OF BOHND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		4/20/2008 305 949 9454	
		Date	

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