


FILED
May 25, 2007 8:00 am
Secretary of State

04-27-2007 90029 034 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000121359 1. Entity Name METROPOLIS HEIGHTS INVESTMENTS, LLC					
Principal Place of Business 1200 BRICKELL AVE STE 1800 MIAMI, FL 33131		Mailing Address 1200 BRICKELL AVE STE 1800 MIAMI, FL 33131			
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		Country		04242007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 32-0189191				<input 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 MARTIN, PEDRO A 1200 BRICKELL AVE STE 1800 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
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 MGR	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MARTIN, PEDRO A			NAME _____		
STREET ADDRESS 1200 BRICKELL AVE STE 1800			STREET ADDRESS _____		
CITY- ST- ZIP MIAMI, FL 33131			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 any 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: _____ DATE: _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					