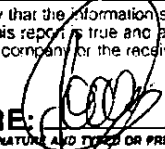


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 034 ***138.75

DOCUMENT # L07000046472					
1. Entity Name 455 GRAND BAY DRIVE #204, LLC					
Principal Place of Business 901 BRICKELL KEY BLVD., #2308 MIAMI FL 33131			Mailing Address 901 BRICKELL KEY BLVD., #2308 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		4. FEI Number 26-0430104	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARVALHO, JOAO L 901 BRICKELL KEY BLVD., #2308 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 _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CARVALHO, JOAO L 901 BRICKELL KEY BLVD., #2308 MIAMI FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DANIELA CARVALHO 901 BRICKELL KEY BLVD # 2308 MIAMI - FL - 33131 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JOAO L. CARVALHO			01-30-08 3055081867		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

30001426
107000046472

1912001337

Your Telephone Number Best Time to Call

'305' 588-1867

Any time

DATE OF THIS NOTICE: 07-03-2007

DATE OF THIS NOTICE: 07-09-2007
EMPLOYER IDENTIFICATION NUMBER: 26-0430104
FORM: SS-4 NOBOD

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003



455 GRAND BAY DRIVE 204 LLC
JOAO CARVALHO MBR

901 BRICKELL KEY BLVD 2308
MIAMI FL 33131