


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 033 ***138.75

DOCUMENT-#: L07000046474
 1. Entity Name
 888 BRICKELL KEY DRIVE #1907, LLC



Principal Place of Business Mailing Address
 901 BRICKELL KEY BLVD., #2308 901 BRICKELL KEY BLVD., #2308
 MIAMI FL 33131 MIAMI FL 33131

30001494


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

4. FEI Number 26-0430168 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

CARVALHO, JOAO L
901 BRICKELL KEY BLVD., #2308
MIAMI FL 33131

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 _____
(Signature, typed or printed name of registered agent and title is acceptable) (NOTE: Registered Agent's signature required when renewing)

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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOAO L CARVALHO 901 BRICKELL KEY BLVD # 2308 MIAMI -FL- 33131	<input type="checkbox"/> Change	<input checked="" 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
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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 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 Date: 1-30-08 3055881867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digital Print #

ATTACHMENT

30001494
67000046474

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

1912001337

Your Telephone Number
(305) 588-1867

Best Time to Call
Any time

DATE OF THIS NOTICE: 07-03-2007
EMPLOYER IDENTIFICATION NUMBER: 26-0430168
FORM: SS-4 NOBOD

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

888 BRICKELL KEY DRIVE 1907 LLC
JOAO CARVALHO MBR
901 BRICKELL KEY BLVD 2308
MIAMI FL 33131