

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083485

Entity Name: ONE VILLAGE 415 LLC

FILED
Feb 16, 2008
Secretary of State

Current Principal Place of Business:

10 ARAGON AVENUE
#1507
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

10 ARAGON AVENUE
UNIT #1507
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMIREZ, WILLIAM
10 ARAGON AVENUE
UNIT #1507
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUNOZ, LUIS
Address: 16300 GOLF CLUB ROAD, UNIT 105
City-St-Zip: WESTON, FL 33326 US

Title: MGR () Delete
Name: RAMIREZ, WILLIAM
Address: 10 ARAGON AVENUE, UNIT #1507
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Delete
Name: RAMIREZ BRACHO, WILLIAM
Address: 10 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMIREZ BRACHO, WILLIAM
Address: 10 ARAGON AVE. UNIT # 1507
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM RAMIREZ

MGR

02/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date