

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108978

Entity Name: CARYNA NINA 7, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O DAVID A. BEALE, P.A.  
355 N.E. 5TH AVENUE, SUITE 1  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

32 VIA MIZNER  
PALM BEACH, FL 33480

**Current Mailing Address:**

C/O DAVID A. BEALE, P.A.  
355 N.E. 5TH AVENUE, SUITE 1  
DELRAY BEACH, FL 33483

**New Mailing Address:**

32 VIA MIZNER  
PALM BEACH, FL 33480

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEALE, DAVID A  
C/O DAVID A. BEALE, P.A.  
355 N.E. 5TH AVENUE, SUITE 1  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

MIOCIC, CARYNA N  
32 VIA MIZNER  
PALM BEACH, FL 33480 US

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: CARYNA MIOCIC

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: MIOCIC, CARYNA  
Address: 32 VIA MIZNER  
City-St-Zip: PALM BEACH, FL 33480

I hereby 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: CARYNA NINA MIOCIC

CEO

04/30/2010

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