2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 11, 2007 8:00 am Secretary of State

DOCUMENT # L9700001321 1. Enlity Name GROBRO INVESTMENTS, L.L.C.)7 90366 035 ** [:]	**50.00
Principal Place 2937 SW 27' MIAMI, FL 33	TH AVE	Mailing Address 616 NORTH ISLAND DR. GOLDEN BCH, FL 33160		30010337				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05102007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numi 65-08			oplied For ot Applicable	
Zlp	Country	Zip	Country			e of Status Desired	55.00 Add Fee Require	ditional d
	6. Name and Address of Current R	legistered Agent	d Agent Name		7. Name on	d Address of New R	egistered Agent	
	RBIN AND ASSOCIATES,P.A.				IP O Box Num	ber is Not Acceptable		
MIAMI, FL	FLAGLER STREET 33131					out with recopiation		
				City	 -	<u></u>	FL Zip Cod	e
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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, fight of printed remain of registered agent and too if applicable (NOTE: Registered Agent agreets required when remaining) OATE								
Pil - Due t	•				Florida	e check payable to Department of Stati	B , .	
9.	MANAGING MEMBER		10.			ADDITIONS/		
TITLE NAME	MGR SMG VENTURES, INC.	☐ Delete	TITLI				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	616 NORTH ISLAND DRIVE GOLDEN BEACH, FL 33160		STRE	ET ADDRESS -ST-ZIP				
TITLE .	· · · · · · · · · · · · · · · · · · ·	☐ Delete	imu				☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	et address			•	
CITY-ST-ZIP				·S1 · ZIP				
TITLE		☐ Delete	TITL	I .			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	e Et address				
CJTY-ST-ZIP				· 51 · ZIP				
MUE		☐ Delete	mu				Change	Addition
NAME STREET ADDRESS			nam Stre	et adoress				
CITY-ST-ZIP			СПУ	-51 - ZIP				
TITLE		☐ Dele te	TITLE	I			Change	Addition
NAME STREET ADDRESS			STRE	et address				
CITY-SI-ZIP			CITY	-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		I			☐ Change	Addition
11. Thereby certify that the information supplied with this filing does not qualify for the 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.								