

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000363

Entity Name: SQUARE ONE GROUP, LLC

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

1035 PENNSYLVANIA AVE  
SUITE 13  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

224 CATALONIA AVE.  
CORAL GABLES, FL 33134

## New Mailing Address:

1035 PENNSYLVANIA AVE  
#13  
MIAMI BEACH, FL 33139

FEI Number: 65-0821278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVI, RAIMUNDO  
LOPEZ, LEVI & ASSOCIATES LC  
224 CATALONIA AVE  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

LOPEZ LEVI & ASSOCIATES  
201 ALHAMBRA CIRCLE  
SUITE501  
CORAL GABLES, FL 33134 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: RAIMUNDO LEVI

04/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SOLOMON, DOUGLAS W  
Address: 1035 PENNSYLVANIA AVE #13  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR ( ) Delete  
Name: BRONKHORST, HENRY J  
Address: 1035 PENNSYLVANIA AVE #13  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

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 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: DOUGLAS SOLOMON

MGR

04/23/2007

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