

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 005 ***158.75

DOCUMENT # M05000005546

1. Entity Name
MICROGEO LLC



Principal Place of Business

**7003 NORTH WATER WAY DRIVE, SUITE 223
MIAMI, FL 33133**

Mailing Address

**7003 NORTH WATER WAY DRIVE, SUITE 223
MIAMI, FL 33133**

40102030



04302007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2558387

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BORGOGNONI, GUTIERREZ & ARZA, LLP
2665 S. BAYSHORE DRIVE, SUITE 701
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RICHTER, ROBERT
7003 NORTH WATER WAY DRIVE, SUITE 223
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SIGALA, STEFANO
7003 NORTH WATER WAY DRIVE, SUITE 223
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PATT, NEIL
7003 NORTH WATER WAY DRIVE, SUITE 223
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/07
Date

786 206 3966
Daytime Phone #