


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar. 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000017827</b> 1. Entity Name <b>MIRASSOU CONVERSION, LLC</b>	
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Principal Place of Business <b>1666 KENNEDY CAUSEWAY, STE 505 NORTH BAY VILLAGE FL 33141</b>	Mailing Address <b>1666 KENNEDY CAUSEWAY, STE 505 NORTH BAY VILLAGE FL 33141</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country	4. FEI Number <b>20-2378597</b>
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1st MOORE      CR2E083 (10/06)

6. Name and Address of Current Registered Agent  <b>MCDONOUGH, BRIAN J. 2200 MUSEUM TOWER 150 WEST FLAGLER ST MIAMI FL 33130</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SALAND, ROBERT F</b> <b>1666 KENNEDY CAUSEWAY, SUITE 505</b> <b>NORTH BAY VILLAGE FL 33141</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>TROJO, FRANCISCO</b> <b>1666 KENNEDY CAUSEWAY, SUITE 505</b> <b>NORTH BAY VILLAGE FL 33141</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000662358</b> <b>03/21/07-80010-003 50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**       **3/8/07 (305) 538-9552**      **Ext. 103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #