
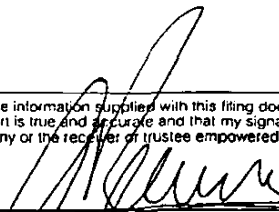


FILED
Aug 14, 2007 8:00 am
Secretary of State

07-06-2007 90036 033 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|--|-----------------------------|---------------------------------|--|---|-----------------------------------|
| DOCUMENT # L05000021534 | | | |  | |
| 1. Entity Name MIRAMAR LAKE, LLC | | | | | |
| Principal Place of Business 18501 PINES BLVD., #107 PEMBROKE PINES, FL 33029 | | | Mailing Address 18501 PINES BLVD., #107 PEMBROKE PINES, FL 33029 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SANCHEZ, GABRIEL M 9555 NORTH KENDALL DRIVE, STE. 200 MIAMI, FL 33176 | | | | Name | |
| | | | | Street Address (P. O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | REMOS, ALEJANDRO | | NAME | | |
| STREET ADDRESS | 18501 PINES BLVD., #107 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33029 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MEDINA, PETER | | NAME | | |
| STREET ADDRESS | 18501 PINES BLVD., #107 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33029 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANCHEZ, GABRIEL A | | NAME | | |
| STREET ADDRESS | 9555 N. KENDALL DRIVE, #200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANCHEZ, GABRIEL M | | NAME | | |
| STREET ADDRESS | 9555 N. KENDALL DRIVE, #200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MILLARES, GUILLERMO | | NAME | | |
| STREET ADDRESS | 8420 S.W. 84 AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | 7-3-2007 (954) 442-7192 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

7.

66020912



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 02-074
 75Z Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

SIGNATURE:

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

Date

Daytime Phone #

ATTACHMENT

66020912

L05000021534

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

Date of this notice: 08-24-2005

003894.196129.0017.001 2 MB 0.534 1162



Employer Identification Number:
02-0747852

Form: SS-4

Number of this notice: CP 575 A



MIRAMAR LAKE LLC
RAMOS ALEJANDRO MB
21011 JOHNSON ST STE 110
PEMBROKE PINES FL 33029

For assistance you may call us at
1-800-829-4933

003894

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 02-0747852. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

| | |
|-----------|------------|
| Form 941 | 10/31/2005 |
| Form 1065 | 04/15/2006 |
| Form 940 | 01/31/2006 |

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)