


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90014 022 ***138.75

DOCUMENT # L06000075235 1. Entity Name MIAMI OPTI MOMS LLC	
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Principal Place of Business 609 SAN JUAN DRIVE CORAL GABLES, FL 33143	Mailing Address 609 SAN JUAN DRIVE CORAL GABLES, FL 33143
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00027033



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04172008 Chg-LLC CR2E083 (12/06)

City & State Zip	City & State Zip	Country Country
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4. FEI Number 20-5299341	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BROEKER, DOUGLAS C 777 BRICKELL AVENUE, SUITE 600 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM SCHEUERMANN, LYNDA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	609 SAN JUAN DRIVE		NAME		
STREET ADDRESS	CORAL GABLES, FL 33143		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	MGRM JOHANNSEN, WENDY C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	212 W. MASHTA DRIVE		NAME		
STREET ADDRESS	KEY BISCAVAYNE, FL 33149		STREET ADDRESS		
CITY-ST-ZIP			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		
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		
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: *Lynnda Scheuermann* Date: 4/17/2008 Daytime Phone #: 786-385-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE