

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0600083298

1. Entity Name
MIAMI ART SPACE LLC



FILED

07 MAY 23 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
244 NW 35 ST.
MIAMI FL 33137

Mailing Address
12555 BISCAYNE BLVD., SUITE 782
MIAMI FL 33181

2. Principal Place of Business - No P.O. Box #
7610 NE 4TH COURT

3. Mailing Address
7610 NE 4TH COURT

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
20-5743936

Applied For
Not Applicable

Zip 33138 Country MIAMI-DADE

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

6. Name and Address of Current Registered Agent

VARGAS, JODY
1521 ALTON RD., SUITE 272
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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 MGR	NAME MIZRAHI, OFER	<input type="checkbox"/> Delete	TITLE	NAME 600098809436	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12555 BISCAYNE BLVD. #782	CITY- ST- ZIP MIAMI FL 33181		STREET ADDRESS	04/26/07--01036--001 **200.00	
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: _____ OFER MIZRAHI 5/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #