

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90141 038 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

3)

30004203

<b>DOCUMENT # L06000039138</b> 1. Entity Name <b>MIRON ARCHITECTURE + DESIGN, LLC</b>					
Principal Place of Business <b>1216 NE 23RD TERRACE          CAPE CORAL, FL 33909</b>		Mailing Address <b>1216 NE 23RD TERRACE          CAPE CORAL, FL 33909</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>MIRON, DANIEL G          1216 NE 23RD TERRACE          CAPE CORAL, FL 33909</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE:</small>					
<b>Filing Fee is \$50.00          Due by May 1, 2007</b>				<b>Make check payable to          Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<b>MGR MIRON, DANIEL G 1216 NE 23RD TERRACE CAPE CORAL, FL 33909</b>	<input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<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 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.					
<b>SIGNATURE:</b> <i>Daniel G. Miron</i> <b>DANIEL G. MIRON</b> <i>3/17/07</i> <i>239.297.2279</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					

