

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90320 038 ****50.00

DOCUMENT # L05000119574

1. Entity Name
TIRO-MARI PROPERTIES LLC



Principal Place of Business
**7450 SOUTHWEST 131 ST.
MIAMI, FL 33156**

Mailing Address
**7450 SOUTHWEST 131 ST.
MIAMI, FL 33156**

60046787



01272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3765860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, B M ESQ.
7450 SOUTHWEST 131 ST.
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by: May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BATTLE, TIMOTHY
STREET ADDRESS	7850 NW 146 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	MGR
NAME	BROWN, B M
STREET ADDRESS	7450 SOUTHWEST 131 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	NENTWIG, RONALD
STREET ADDRESS	7601 SW 144 TERRACE
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

B. M. BROWN
D. MGR

4/15/07

305-259-8200