2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 12, 2005 08:00 AM **DOCUMENT # L00000011487 Secretary of State** 1. Entity Name MIRAMAR NO. 1, L.L.C. Mailing Address Principal Place of Business 7860 PETERS ROAD, SUITE E-111 7860 PETERS ROAD, SUITE E-111 PLANTATION, FL 33324 PLANTATION, FL 33324 01032005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1041463 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVY, ROBERT A DO NOT WRITE 7860 PETERS ROAD, SUITE E-111 PLANTATION, FL 33324 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. (NOTE, Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME LEVY, ROBERT A 7860 PETERS ROAD, SUITE E-111 STREET ADDRESS U000000178378 CITY-ST-ZIP PLANTATION, FL 33324 01/12/05-80024-023 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing goes not qualify for the exemption stated in Section 119.07(3)(i). 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 empoyeded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-SY-ZIP

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