
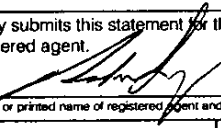
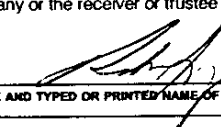


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90051 027 ****50.00

DOCUMENT # L00000011487 1. Entity Name MIRAMAR NO. 1, L.L.C.					
Principal Place of Business 7860 PETERS ROAD, SUITE E-111 PLANTATION, FL 33324			Mailing Address 7860 PETERS ROAD, SUITE E-111 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 7860 Peters Rd		3. Mailing Address 7860 Peters Rd			
Suite, Apt. #, etc. Suite F-111		Suite, Apt. #, etc. Suite F-111			
City & State Plantation FL		City & State Plantation FL			
Zip 33324		Country USA		Zip 33324	
Country USA		Country USA			
6. Name and Address of Current Registered Agent LEVY, ROBERT A 7860 PETERS ROAD, SUITE E-111 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Robert A Levy Street Address (P.O. Box Number is Not Acceptable) 7860 Peters Rd Suite F-111 City Plantation FL Zip Code 33324	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, ROBERT A 7860 PETERS ROAD, SUITE E-111 PLANTATION, FL 33324			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Robert A Levy 7860 Peters Rd Suite F-111 Plantation FL 33324				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional members or changes)					
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:  Robert A Levy Manager Date April 26 2007 Daytime Phone # 904-370-7788					