


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90054 044 \*\*\*138.75

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| <b>DOCUMENT # L00000011487</b>                 |  |
| 1. Entity Name<br><b>MIRAMAR NO. 1, L.L.C.</b> |   |

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| Principal Place of Business<br><b>7860 PETERS ROAD<br/>SUITE F111<br/>PLANTATION, FL 33324</b> | Mailing Address<br><b>7860 PETERS ROAD<br/>SUITE F111<br/>PLANTATION, FL 33324</b> |
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**60030607**



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| 2. Principal Place of Business - No P.O. Box #<br><b>7510 NW 5 ST<br/>SUITE 4<br/>PLANTATION FL<br/>33317</b> | 3. Mailing Address<br><b>10097 Cleary Blvd<br/>SUITE 332<br/>PLANTATION FL<br/>33324</b> |
| City, State, Zip<br><b>Plantation FL 33317</b>  | City, State, Zip<br><b>Plantation FL 33324</b>   |
| Country<br><b>USA</b>   | Country<br><b>USA</b>  |

02222008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number<br><b>65-1041463</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><b>LEVY, ROBERT A<br/>7860 PETERS ROAD<br/>SUITE F111<br/>PLANTATION, FL 33324</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Robert A Levy</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>10097 Cleary Blvd</b><br><b>Suite 332</b><br>City <b>Plantation FL</b> Zip Code <b>33324</b> |  |
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| 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 <b>Robert A Levy</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                   | DATE <b>April 24, 2008</b> |

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| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>LEVY, ROBERT A<br/>7860 PETERS RD SUITE F111<br/>PLANTATION, FL 33324</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>Robert A Levy<br/>10097 Cleary Blvd Suite 332<br/>Plantation FL 33324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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.

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| SIGNATURE: <b>Robert A Levy</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Date <b>April 24, 2008</b><br>Daytime Phone # <b>351-5930</b> |
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