

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014334

FILED
Apr 26, 2008
Secretary of State

Entity Name: MIRAMAR ENTERPRISES LLC

Current Principal Place of Business:

10151 ENTERPRISES CENTER BLVD, STE 104
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

10151 ENTERPRISES CENTER BLVD, STE 104
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-1054057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSTLE, GABRIELLA
250 DIXIE BLVD., SUITE 103
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

GERSTLE, GABRIELLA
10151 ENTERPRISE CENTER BLVD
#104
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: _____

04/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GERSTLE, GABRIELLA
Address: 250 DIXIE BLVD SUITE 103
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: GERSTLE, MICHAEL
Address: 6308 DOUGLAS AVENUE
City-St-Zip: DALLAS, TX 75205

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GERSTLE, GABRIELLA
Address: 10151 ENTERPRISE CENTER BLVD #104
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIELLA GERSTLE

MGRM

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date