


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90020 030 ****50.00

DOCUMENT # L01000010020					
1. Entity Name MIZY, LLC					
Principal Place of Business 150 SE 2ND AVENUE STE #1200 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVENUE STE #1200 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400		3. Mailing Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-1119993	
Zip 33131	Country USA	Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE. 2ND FLOOR CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 reinstating) DATE _____					
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 BAUM, MIGUEL 150 SE 2ND AVENUE STE #1200 MIAMI, FL 33131	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUM, ZYMA 150 SE 2ND AVENUE STE #1200 MIAMI, FL 33131	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: _____		MIGUEL BAUM		01/16/07 (305) 374 2001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	