


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000010020**  
 1. Entity Name  
**MIZY, LLC**



Principal Place of Business <b>1001 BRICKELL BAY DR          SUITE 1400          MIAMI, FL 33131</b>	Mailing Address <b>1001 BRICKELL BAY DR          SUITE 1400          MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-1119993</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$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**

**DO NOT WRITE 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BAUM, MIGUEL 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BAUM, ZYMA 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131</b>
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 02/29/08-80035-010 138.75

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* *Miguel Baum* 02/18/08 305.321.6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #