May 05 06 02:38p Yazdan Bakhsh

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May 12, 2006 8:00 am
Secretary of State
04-20-2006 90024 029 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000013540

1. Entity Name
MIYAMI, L.L.C.

30008302

Principal Place of Business	Mailing Address
1714 CAPE CORAL PKWY E CAPE CORAL, FL	1041 LOIS DRIVE SHOREVIEW, MN 55126 US

2. Principal Place of Business	3. Mailing Address
	16 E Pleasant Lk Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: North Oaks MN
Zip / Country	Zip: 55127 / County: Ramsey

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 26-0009441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROOSA, RICHARD V.S.
1714 CAPE CORAL PKWY E
CAPE CORAL, FL

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKHSH, YAZDAN 1041 LOIS DRIVE SHOREVIEW, MN 55126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner MGR Bakhsh, YAZDAN 16 E Pleasant Lake Rd North Oaks MN 55126 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] 4-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #