2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000020325

1. Entity Name

MIAMI IPC (655), LLC

FILED
Jan 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

655 N.E 149 ST MIAMI, FL 33161 Mailing Address

1874 NE 170 ST

34

N. MIAMI BEACH, FL 33162-

01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1157232

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINMAN, CHAIM 301 174TH ST # 2214 SUNNY ISLES BEACH, FL 33160

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8.	. The above named entity submits this statement for the purpose of changing its registered office or re	egistered 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 it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEINMAN, CHAIM 301 174TH ST # 2214 SUNNY ISLES BCH, FL 33160			
RITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ISSAC 2085 SAN SIMEON WAY # 103 NORTH MIAMI BEACH, FL 33169			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	S KLEINMAN, ESTHER 301 174TH ST # 2214 SUNNY ISLES BCH, FL 33160			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CXTY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-71P				

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11. I hereby certify that the information supplied with this filling 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 Esth Kleinman 111/07