

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000021204**

1. Entity Name  
**MUIRLANDS PROPERTIES, LLC**



Principal Place of Business  
**5551 RIDGEWOOD DR  
SUITE 501  
NAPLES, FL 34108**

Mailing Address  
**5551 RIDGEWOOD DR  
SUITE 501  
NAPLES, FL 34108**



04252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3589302**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BUDD, DAVID G  
5551 RIDGEWOOD DR  
SUITE 501  
NAPLES, FL 34108**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000937394  
05/27/08-80048-017 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STARMAN, SHELDON W  
4099 TAMiami TRAIL N STE 400  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRS  
BUDD, DAVID G  
5551 RIDGEWOOD DR SUITE 501  
NAPLES, FL 34108**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DAVIS, JULIA M  
9201 W OLYMPIC BLVD, STE 200  
BEVERLY HILLS, CA 90212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
LAPIN, DAVID A  
9201 W OLYMPIC BLVD, STE 200  
BEVERLY HILLS, CA 90212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DAVID G BUDD, Secretary**

**4-25-08 2395141000**