

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000000946	
1. Entity Name MIAMI FLATIRON PARTNERS, LLC	

Principal Place of Business 1000 BRICKELL AVE 920B MIAMI FL 33131	Mailing Address 1000 BRICKELL AVE 920B MIAMI FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 65-0968815	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SOLOWSKY, JAY 150 W. FLAGLER STREET, SUITE 2000 MIAMI FL 33130	
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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

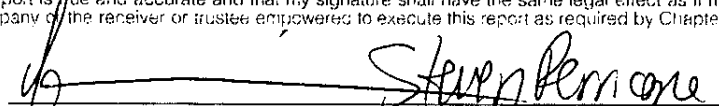
SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when changing) DATE _____

FILE NOW!!! FEE IS \$138.75	
After May 1, 2008, Fee Will Be \$538.75	
Make Check Payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRICONE, STEVEN 15 S.E. 10TH STREET MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLOWSKY, JAY H 150 WEST FLAGLER STREET MIAMI FL 33030 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAQUER, EDIE 444 BRICKELL AVE., SUITE 650 MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, MICHAEL B 2500 S.W. 3RD AVE. MIAMI FL 33129 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Section 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:  **4/8/08** **(305) 374-9449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE