

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 30 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1359914 Applied For Not Applicable

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

DOCUMENT # L02000024187

1. Entity Name
FIRC TAMIAMI LLC



Principal Place of Business
2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145 US

Mailing Address
2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145 US

2. Principal Place of Business - No P.O. Box #
2665 S. Bayshore Dr.

3. Mailing Address
2665 S. Bayshore Dr.

Suite, Apt. #, etc.
Suite # 302

Suite, Apt. #, etc.
Suite # 302

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

Zip Country
33133 USA

Zip Country
33133 USA

6. Name and Address of Current Registered Agent

FIRC MANAGEMENT, INC.
2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name FIRC Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Dr.
Suite # 302
City Coconut Grove FL Zip Code 33133

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)

900101463079
05/04/07--01005--003 **2950.00 DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MANSFIELD USA, INC. ☐ Delete
STREET ADDRESS 2299 DOUGLAS ROAD, 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE PT
NAME FRAGA, ANTONIO O ☐ Delete
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE VPS
NAME ALEXANDER, FRAGA W ☐ Delete
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGRM
NAME FIRC MANGAEMENT, INC. ☐ Delete
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGRM
NAME SOSA, ALEJANDRO H ☐ Delete
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Mansfield USA, Inc.
STREET ADDRESS 2665 S. Bayshore Dr., Suite # 302
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE PT ☒ Change ☐ Addition
NAME Fraga, Antonio O
STREET ADDRESS 2665 S. Bayshore Dr., Suite # 302
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE VPS ☒ Change ☐ Addition
NAME Alexander, Fraga W
STREET ADDRESS 2665 S. Bayshore Dr., Suite # 302
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE MGRM ☒ Change ☐ Addition
NAME FIRC Management, Inc.
STREET ADDRESS 2665 S. Bayshore Dr., Suite # 302
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE MGRM ☐ Change ☐ Addition
NAME Sosa, Alejandro H
STREET ADDRESS 2665 S. Bayshore Dr., Suite # 302
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/07 (305) 860-2300
Date Daytime Phone #