

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024187

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: FIRC TAMIAMI LLC

## Current Principal Place of Business:

2665 S BAYSHORE DRIVE  
SUITE 302  
COCONUT GROVE, FL 33133 US

## New Principal Place of Business:

## Current Mailing Address:

2665 S BAYSHORE DRIVE  
SUITE 302  
COCONUT GROVE, FL 33133 US

## New Mailing Address:

FEI Number: 20-1359914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIRC MANAGEMENT, INC.  
2665 S BAYSHORE DRIVE  
SUITE 302  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

FRAGA, ANTONIO O PT  
2665 S BAYSHORE DRIVE  
SUITE 302  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: ANTONIO O. FRAGA

04/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MANSFIELD USA, INC.  
Address: 2665 S BAYSHORE DR SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: PT ( ) Delete  
Name: FRAGA, ANTONIO O  
Address: 2665 S BAYSHORE DR SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPS ( ) Delete  
Name: ALEXANDER, FRAGA W  
Address: 2665 S BAYSHORE DR SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete  
Name: FIRC MANGAEMENT, INC.  
Address: 2665 S BAYSHORE DR SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete  
Name: SOSA, ALEJANDRO H  
Address: 2665 S BAYSHORE DR SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTONIO O. FRAGA

PT

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date