
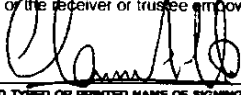


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90017 028 \*\*\*138.75

DOCUMENT # L02000025991			
1. Entity Name MIAMI HOME DESIGN, L.L.C.			
Principal Place of Business 240 OLD FEDERAL HWY 120 HALLANDALE, FL 33009		Mailing Address 240 OLD FEDERAL HWY 120 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box # 2660 NE 189 ST Suite, Apt. #, etc.		3. Mailing Address 2660 NE 189 ST. Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH		City & State NORTH MIAMI BEACH.	
Zip 33179	Country DADE	Zip 33179	Country DADE.
4. FEI Number 02-2387508		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ. 2875 NE 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTER, HERMAN 240 OLD FEDERAL HWY #120 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTER HERMAN 2660 NE 189 ST NORTH MIAMI BEACH, FL, 33179. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMPEL, MOISES 240 OLD FEDERAL HWY #120 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	b GAMPEL MOISES 2660 NE 189 ST NORTH MIAMI BEACH, FL, 33179. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		HERMAN ALTER. 01-08-08 886-326-4748	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	