


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90307 005 \*\*\*\*50.00

**DOCUMENT # L02000028501**

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



Principal Place of Business Mailing Address  
**3634 SOUTHWEST 57TH AVENUE** **3634 SOUTHWEST 57TH AVENUE**  
**MIAMI FL 33155** **MIAMI FL 33155**

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

4. FEI Number AP-PLIED FOR  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**BOHATCH, JOHN N ESQ.**  
**7301 SW 57TH CT STE560**  
**MIAMI FL 33143**

7. Name  
 Street Address (P.O.  
 City

*Substitute  
 Line 4  
 with  
 65-1172949.  
 See attached*

Additional  
 Juried  
 Code  
 with, and accept

1st MOORE CR2E083 (10/06)

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title as applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDEROS HOLDINGS, L.L.C. 3634 SOUTHWEST 57TH AVENUE MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *John N Bohatch* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/19/03 WED 22:40 FAX 516 447 4991

IRS

001

02/14/03 FRI 12:30 FAX 3054420911  
01/14/03 TUE 19:24 FAX 3054420911

ATTACHMENT # 302048331  
GUTTENMACHER & BOHATCH, P.A.  
GUTTENMACHER & BOHATCH, P.A.

2-19-03  
183

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
See separate instructions for each line. Keep a copy for your records.

EIN **45-1172949**  
OMB No. 1545-0043

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

1 Legal name of entity (or individual) for whom the EIN is being requested <b>Loire Properties, L.L.C.</b>		3 Executor, trustee, "care of" name <b>Estela R. Mederos, Managing Member of Mederos Holdings</b>	
2 Trade name of business (if different from name on line 1)		4a Mailing address (room, apt., suite no. and street, or P.O. Box) <b>3634 SW 57th Avenue</b>	
4b City, state, and ZIP code <b>Miami, Florida 33155</b>		5a Street address (if different) (Do not enter a P.O. box)	
5b City, state, and ZIP code		8 County and state where principal business is located <b>Miami-Dade County, Florida</b>	
7a Name of principal officer, general partner, grantor, owner, or trustee <b>Mederos Holdings, LLC</b>		7b SSN, ITIN, or EIN <b>56-2299955</b>	
9a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input checked="" type="checkbox"/> Other (specify) <b>Disregarded Entity</b>			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> Indian tribal government/tribe/prost _____ <input type="checkbox"/> Group Exemption Number (GEN) _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>		Foreign country	
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) <b>Limited Liability Company</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____			
10 Date business started or acquired (month, day, year) <b>October 28, 2002</b>		11 Closing month of accounting year <b>December</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) <b>N/A</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0."			
Agriculture <b>0</b>		Household <b>0</b>	
Other <b>0</b>			
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Retail & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Investment</b> <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Investment</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name _____ Trade name _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>John S. Bohatch, Esq.</b>	Designee's telephone number (include area code) <b>(305) 442-4911</b>
	Address and ZIP code <b>Guttenmacher &amp; Bohatch, P.A. 2600 Douglas Rd., PH-8, Coral Gables, FL 33134</b>	Designee's fax number (include area code) <b>(305) 442-0911</b>
Under penalty of perjury, I declare that I have examined the application, and on the basis of my knowledge and belief, it is true, correct, and complete.		Applicant's tax return number (include area code) <b>(305) 442-4911</b>
Name and title (Type or print clearly) <b>Estela R. Mederos, Managing-Member of Mederos Holdings, LLC</b>		Applicant's EIN number (include area code) <b>(305) 442-0911</b>
Signature 	Date <b>1-15-03</b>	