## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L03000004303

1. Entity Name

MIAMI GARDENS ACQUISITION, LLC

Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business MIAMI GARDENS AZQ, LLC 8 INDUSTRIAL WY E. 2ND FLOOR EATONTOWN, NJ 07724

Mailing Address

MIAMI GARDENS AZO, LLC 8 INDUSTRIAL WY E. 2ND FLOOR EATONTOWN, NJ 07724



01042006 No Chg-LLC DO NOT WRITE IN THIS SPACE

\_CR2E083 (11/05)

4. FEI Number 13-4235424

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent.	ingling its registere	d office or registered agent, or both, in the Si	ate of Florida. I am familiar with, a	ind accept
RE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered	Agent signature required when reinstating)	DATE	
	ling Fee is \$50.00 ue by May 1, 2006				
	MANAGING MEMBERS/MANAGERS				
SS E	MGRM MASSEY, DANIEL 8 INDUSTRIAL WAY E. 2ND FLOOR EATONTOWN, NJ 07724				
Due ss 8	MANAGING MEMBERS/MANAGERS  MGRM  MASSEY, DANIEL  8 INDUSTRIAL WAY E. 2ND FLOOR				

MGRM TIPLE NAME MASSRY, MARK STREET ADDRESS 8 INDUSTRIAL WAY E. 2ND FLOOR EATONTOWN, NJ 07724 CITY-SI-ZIP MGRM TITLE ISSAC, MASSRY NAME 8 INDUSTRIAL EAST 2ND FL STREET ADDRESS CITY-ST-ZIP EATONTOWN, NJ 07724 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

U00000388672 01/20/06-80015-008 50.00

## DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DANIEL MASSEY

732-935-0111

Daytime Phone #