

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000004304

1. Entity Name  
MIAMI GARDENS OUT PARCEL ACQUISITION, LLC



Principal Place of Business

8 INDUSTRIAL WAY EAST  
2ND FL  
EATONTOWN, NJ 07724

Mailing Address

WHARTON REALTY GROUP  
8 INDUSTRIAL WAY EAST, 2ND FLOOR  
EATONTOWN, NJ 07724



01122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4235428

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS ESQ  
C/O ANSBACHER & SCHNEIDER  
5150 BELFORT ROAD SOUTH  
JACKSONVILLE, FL 32256

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IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

000000238162  
02/21/05-80087-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASSRY, DANIEL
STREET ADDRESS	8 INDUSTRIAL WAY EAST, 2ND FLOOR
CITY- ST- ZIP	EATONTOWN, NJ 07724
TITLE	MGRM
NAME	MASSRY, MARK
STREET ADDRESS	8 INDUSTRIAL WAY EAST, 2ND FLOOR
CITY- ST- ZIP	EATONTOWN, NJ 07724
TITLE	MGRM
NAME	MASSRY, ISAAC
STREET ADDRESS	8 INDUSTRIAL WAY EAST, 2ND FLOOR
CITY- ST- ZIP	EATONTOWN, NJ 07724
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/05 732-935-0111x10