


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000011377 1. Entity Name BELIEVE IN MIRACLES, LLC					
Principal Place of Business 11823 COASTAL LANE WEST JACKSONVILLE FL 32258 US			Mailing Address 11823 COASTAL LANE WEST JACKSONVILLE FL 32258 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 74-3157024			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 PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250			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 file if applicable. (None), Registered Agent Signature required when restoring.</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
IIII NAME STREET ADDRESS CITY- ST- ZIP	MGRM <input type="checkbox"/> Delete ALVAREZ, TED 11823 COASTAL LANE WEST JACKSONVILLE FL 32258	IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000635848 02/23/07-80031-009 50.00		
IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
IIII NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	IIII 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: *Tef Alvarez* **2-10-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE.