


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000028686</b> 1. Entity Name ROSS MATZ INVESTMENTS MIRAMAR, LLC	
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Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328	Mailing Address 3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328
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01112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0135292	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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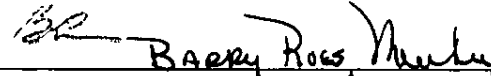
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, BARRY 3325 S. UNIVERSITY DRIVE, 210 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATZ, WILLIAM D 3325 S. UNIVERSITY DRIVE, 210 DAVIE, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000851283  
03/25/08-80033-013 138.75

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1-17-08</b> <small>Date</small>	<b>954-452-5000</b> <small>Daytime Phone #</small>
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