

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000040527

1. Entity Name
WATERFRONT PROPERTIES OF MIRAMAR, LLC



Principal Place of Business
**1575 SAN IGNACIO, SUITE 100
CORAL GABLES, FL 33146**

Mailing Address
**1575 SAN IGNACIO, SUITE 100
CORAL GABLES, FL 33146**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0086076

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

**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, to whom familiar with, and accept the obligations of registered agent.

01/17/07-80008-019 50.00

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHEPARD, RALPH
1575 SAN IGNACIO AVE 3103
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAUMCARD, DANIEL
1575 SAN IGNACIO AVE 3103
MIAMI, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

Ralph Shepard 1/11/7

Date

305-661-0110

Daytime Phone #