## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## **DOCUMENT # L03000042207**



FILED

May 01, 2007 8:00 am Secretary of State

05-01-2007 90319 019 \*\*\*\*50.00 1. Entity Name WESTON LAND GROUP, LLC UUUTUIVU Principal Place of Business Mailing Address C/O BAYSHORE LAND GROUP, INC. C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACNAIR, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134 City Zip Code FL 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, 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 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ☐ Delete TITLE TITLE Charige ☐ Addition NAME MIML LIMITED PARTNERSHIP NAME STREET ADDRESS 19501 BISCAYNE BLVD STE, 400 STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BBS LAND GROUP, LLC NAME NAME STREET ADDRESS 255 ALHAMBRA CIRCLE STE. 325 STREET ADDRESS CITY-ST-7IP CORAL GABLES, FL 33134 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

1/24/07 Date

315-145-6161

Daytime Phone #