


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90019 041 \*\*\*\*50.00  
04-30-2004 90061 022 \*\*\*\*50.00

<b>DOCUMENT # L03000044373</b>					
1. Entity Name MIMISA DEVELOPMENT, LLC					
Principal Place of Business 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016			Mailing Address 9200 S. DADELAND BLVD., SUITE 204 MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0427777	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE 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 exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u>			4/30/04 (USD) 852-9898		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE Daytime Phone #		

*Attachment  
24060275*

**Tolley & Zirilli, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

9200 S. DADELAND BLVD • SUITE 412  
MIAMI, FL 33156  
OFFICE 305.870.1001 • FAX 305.670.1888  
CELLULAR 305.608.8898

97665 OVERSEAS HIGHWAY  
KEY LARGO, FL 33037  
OFFICE 305.852.9898 • FAX 305.852.9997  
Tolley4fsu@aol.com

April 26, 2004

Florida Department of State  
Division Of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Taxpayer:	Mimisa Development, LLC
Address:	8295 N.W. 157 <sup>th</sup> Terrace Miami, FL 33016
Document #:	<u>L03000044373</u>
F.I.N.:	20-04227777

To Whom It May Concern:

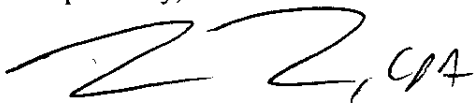
Enclosed is taxpayer's \$50.00 for the annual report filing fee.

Also enclosed is a revised Annual Report with the Federal Identification Number 20-0427777 included.

The original report was submitted with a \$50.00 check. Please review your records and return the enclosed check for \$50.00. This taxpayer has paid this filing fee twice.

Please waive and abate the penalties, interest and reinstatement changes for this corporation. Please feel free to contact us with any questions.

Respectfully,



Shawn W. Tolley, C.P.A.  
File: T-Mimisa, LLC (FI Sec State) 4-26-04

1/1/2004, 11:10:00 AM - 1/1/2004, 11:10:00 AM, below 11:10:00 AM

1/1/2004, 11:10:00 AM - 1/1/2004, 11:10:00 AM