FILED
Apr 11, 2008 8:00 am
Secretary of State
02-01-2008 90048 029 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000000187

1. Entity Name
MIAMI LOTS, LLC

Principal Place of Business	Mailing Address
2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431	2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431

30003747

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-0538148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEISE, MARTIN P 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: ~~MGRM~~ Member NAME: HEISE, MARTIN P STREET ADDRESS: ~~947 CLINT MOORE RD~~ CITY-ST-ZIP: ~~BOCA RATON, FL 33487~~	☐ Delete	TITLE: MGRM NAME: Martin P Heise STREET ADDRESS: 2200 NW 2 Ave, Ste 220 CITY-ST-ZIP: Boca Raton, FL 33431	☒ Change ☐ Addition
TITLE: ~~MGRM~~ Member NAME: BERSON, GERALD S STREET ADDRESS: ~~947 CLINT MOORE RD~~ CITY-ST-ZIP: ~~BOCA RATON, FL 33487~~	☐ Delete	TITLE: MGRM NAME: Gerald S Berson STREET ADDRESS: 2200 NW 2 Ave, Ste 220 CITY-ST-ZIP: Boca Raton, FL 33431	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] Heise 1/30/08 561-997-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #