## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000002956**

1. Entity Name
MIAM! NATIVE REALTOR LLC



FILED Jan 09, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

820 NE 109 STREET

BISCAYNE PARK, FL 33161 US

820 NE 109 STREET BISCAYNE PARK, FL 33161

US



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2438858

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHINN, BRETT G 820 NE 109 STREET BISCAYNE PARK, FL 33161

## 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_				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	· · ·
	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
MIE	MGR			
NAME	SHINN, BRETT G			
STREET ADDRESS	820 NE 109 STREET			
CITY OF TID	DICCAVNE DADY EL 22464			

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BISCAYNE PARK, FL 33161 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-7IP

BROTT G. SHINN 1/5/07

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