


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90086 043 ***138.75

DOCUMENT # L04000056628	
1. Entity Name MIMO ON THE BEACH V LLC	

Principal Place of Business 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	Mailing Address PO BOX 402566 MIAMI BEACH, FL 33140
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60017508



2. Principal Place of Business - No P.O. Box # 3233 Palm Dr 4th fl	3. Mailing Address P.O. box 402566
Suite, Apt., etc.	Suite, Apt., etc.

01232008 Chg-LLC CR2E083 (12/06)

City & State Hialeah fl	City & State Miami beach fl
Zip 33012	Zip 33140
Country USA	Country USA

4. FEI Number 20-1437441	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GARCIA, CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	

7. Name and Address of New Registered Agent	
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
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME GARCIA, CARLOS & YASMIN, AS TEN. BY ENT.	
STREET ADDRESS 5860 PINETREE DRIVE	
CITY-ST-ZIP MIAMI BEACH, FL 33110	
TITLE MGR	<input type="checkbox"/> Delete
NAME GARCIA, JOSE M. & ISABEL, AS TEN. BY ENT.	
STREET ADDRESS 3158 BAY ROAD	
CITY-ST-ZIP MIAMI BEACH, FL 33140	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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