

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000057534**

1. Entity Name  
201 MIRACLE FWB, L.L.C.



Principal Place of Business

349 SW MIRACLE STRIP PARKWAY  
FORT WALTON BEACH, FL 32548

Mailing Address

349 SW MIRACLE STRIP PARKWAY  
FORT WALTON BEACH, FL 32548



01222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1444706	Applied For Not Applicable
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5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, KISHOR N  
346 SW MIRACLE STRIP PKWY.  
FORT WALTON BEACH, FL 32548

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, KISHOR N 349 SW MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548
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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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-22-07