

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062375

Entity Name: MIRAMAR CONSULTANTS, LLC

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

2850 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

16159 SW 54 COURT
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 20-2758586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SARDUY, JOSEPH E
4653 SW 153 COURT
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SARDUY, JOSEPH E
Address: 4653 SW 153 COURT
City-St-Zip: MIAMI, FL 33185 US

Title: MGRM () Delete
Name: SARDUY, JACQUELINE A
Address: 4653 SW 153 COURT
City-St-Zip: MIAMI, FL 33185 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SARDUY, JOSEPH E
Address: 16159 SW 54TH COURT
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM (X) Change () Addition
Name: SARDUY, JACQUELINE A
Address: 16159 SW 54 SOUT
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH E SARDUY

MGRM

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date