

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000074146**  
 1. Entity Name  
**MIAMI ROAD PARTNERS, LLC**



Principal Place of Business      Mailing Address  
**736 PARK PLACE**                      **P.O. BOX 21094**  
**WEST PALM BEACH, FL 33401 US**      **FORT LAUDERDALE, FL 33335 US**

**DO NOT WRITE IN THIS SPACE**



03042007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1743179</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RIDOLFO, PHILLIP T JR., ESQ**  
**ONE NORTH CLEMATIS STREET**  
**SUITE 500**  
**WEST PALM BEACH, FL 33401**

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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)

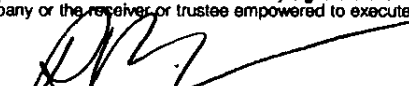
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000724600  
 05/02/07-80117-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUCE, RICHARD 736 PARK PLACE WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**       **4/19/07**      **561-722-7072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #