


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|   |   |
|---|---|
| <b>DOCUMENT # L04000074146</b><br>1. Entity Name<br><b>MIAMI ROAD PARTNERS, LLC</b> |  |
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|   |   |
|---|---|
| Principal Place of Business<br><b>736 PARK PLACE<br/>WEST PALM BEACH, FL 33401 US</b> | Mailing Address<br><b>P.O. BOX 21094<br/>FORT LAUDERDALE, FL 33335 US</b> |
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03042007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number<br><b>20-1743179</b>                        | Applied For<br>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<br><br><b>RIDOLFO, PHILLIP T JR., ESQ<br/>ONE NORTH CLEMATIS STREET<br/>SUITE 500<br/>WEST PALM BEACH, FL 33401</b> |
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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 \_\_\_\_\_  
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**

U00000724600  
05/02/07-80117-020 50.00

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