
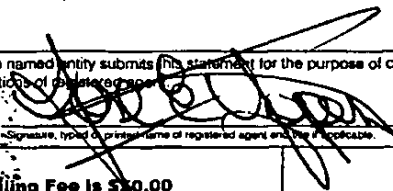
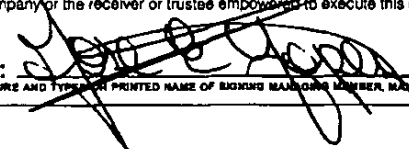


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-14-2006 90204 028 ****50.00

DOCUMENT # L04000093106			
1. Entity Name MIAMI LAND HOLDING, LLC			
Principal Place of Business 406 S.W. 1ST STREET FLORIDA CITY, FL 33034		Mailing Address 406 S.W. 1ST STREET FLORIDA CITY, FL 33034	
2. Principal Place of Business 14021 S.W. 143 CT		3. Mailing Address 14021 S.W. 143 CT	
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6	
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA	
Zip 33186	Country	Zip 33186	Country
6. Name and Address of Current Registered Agent JESSICA NOGUES, P.A. 100 ALMERIA AVENUE #302 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Lopez Jose Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI FL Zip Code 33186	
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 the state register.			
SIGNATURE: 		DATE: 3/8/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, JOSE 406 SW 1 ST FLORIDACITY, FL, FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ JOSE 14021 SW 143 CT # 6 MIAMI - FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 3-8-06 (406) 486-6871	
SIGNATURE AND TITLE OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



01132008 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required