2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093545

Entity Name: MIAMI TOYZ, LLC

JACK, BARBAT

28470 WEST THIRTEEN MILE ROAD, SUITE 300

FARMINGTON HILLS, MI 48334

Name:

Address:

City-St-Zip:

FILED Jul 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 101 20TH STREET 101 20TH STREET **SUITE 3503 SUITE 2704** MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 28470 WEST THIRTEEN MILE ROAD SUITE 300 FARMINGTON HILLS, MI 48334 FEI Number: 84-1667709 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: Name and Address of New Registered Agent: SIMTOB, RICHARD SIMTOB, RICHARD 101 20TH STREET 101 20TH STREET **SUITE 3503** SUITE 2704 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US 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: 07/27/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JOE, BARBAT Name: Name: Address: 28470 WEST THIRTEEN MILE ROAD, SUITE 300 Address: City-St-Zip: FARMINGTON HILLS, MI 48334 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: RICHARD, SIMTOB Name: Address: 31158 SQUIRE LANE Address: City-St-Zip: FARMINGTON HILLS, MI 48331 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOE BARBAT MEMB 07/27/2007