

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:47

DOCUMENT # L05000011748

1. Entity Name  
MIRAMAR II PARTNERS, LLC



Principal Place of Business  
2455 EAST SUNRISE BLVD.  
SUITE AR1  
FT. LAUDERDALE, FL 33304

Mailing Address  
2455 EAST SUNRISE BLVD.  
SUITE AR1  
FT. LAUDERDALE, FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOLLA, STEVEN A  
2455 EAST SUNRISE BLVD.  
SUITE AR1  
FT. LAUDERDALE, FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SANTOLLA, STEVEN  
STREET ADDRESS 2455 EAST SUNRISE BLVD.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition  
NAME 400069634704  
STREET ADDRESS 03/21/06--01008--008 \*\*25.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME LIHAN, THOMAS  
STREET ADDRESS 2455 EAST SUNRISE BLVD.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition  
NAME 400069634704  
STREET ADDRESS 06/06/06--01060--004 \*\*25.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 03/21/06--01008--008--25.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #