

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033913

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Entity Name:** LIBERTY INVESTMENT MIAMI, L.L.C.

**Current Principal Place of Business:**

4340 SHERIDAN STREET  
SECOND FLOOR  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

**Current Mailing Address:**

4340 SHERIDAN STREET  
SECOND FLOOR  
HOLLYWOOD, FL 33021

**New Mailing Address:**

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 20-2625523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SERFATY, CHARLES S ESQ.  
4340 SHERIDAN STREET  
SECOND FLOOR  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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: PATRICK MOYAL

03/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ABECASSIS, JEROME  
Address: 4340 SHERIDAN STREET SECOND FLOOR  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ABECASSIS JEROME

MGR

03/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date