


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:47

<b>DOCUMENT # L05000037722</b> 1. Entity Name <b>MATECUMBE MIRAMAR I, LLC</b>					
Principal Place of Business <b>2455 EAST SUNRISE BOULEVARD, SUITE AR1 FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>2455 EAST SUNRISE BOULEVARD, SUITE AR1 FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>04062006</b> Chg-LLC    CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SANTOLLA, STEVEN</b> <b>2455 E SUNRISE BLVD., SUITE AR1</b> <b>FORT LAUDERDALE, FL 33304</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SANTOLLA, STEVEN</b> <b>2455 EAST SUNRISE BOULEVARD, SUITE AR1</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800069634848</b> <b>03/29/06--01005--005 **25.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LIHAN, THOMAS</b> <b>2455 EAST SUNRISE BOULEVARD, SUITE AR1</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800069634848</b> <b>06/06/06--01060--002 **25.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/29/06-01005-005-A 25.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	