

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086925

Entity Name: MIAMI LAND GROUP, LLC

FILED  
Apr 14, 2008  
Secretary of State

**Current Principal Place of Business:**

19850 SW 312 ST.  
HOMESTEAD, FL 33130

**New Principal Place of Business:**

845 E 10TH AVE  
HIALEAH, FL 33010

**Current Mailing Address:**

19850 SW 312 ST.  
HOMESTEAD, FL 33130

**New Mailing Address:**

845 E 10TH AVE  
HIALEAH, FL 33010

FEI Number: 20-3510154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GHEBLIKIAN, SHAHEN A  
550 BILTMORE WAY  
103  
CORAL GABLES, FL 33134 US

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

SIMKIN, GABRIEL  
845 E 10TH AVE  
HIALEAH, FL 33010 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: GABRIEL SIMKIN

04/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GHEBLIKIAN, SHAHEN A  
Address: 550 BILTMORE WAY, SUITE #103  
City-St-Zip: MIAMI, FL 33134

Title: MGR ( ) Delete  
Name: SIMKIN, GABRIEL  
Address: 550 BILTMORE WAY, #103  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: SIMKIN, GABRIEL  
Address: 845 E 10TH AVE  
City-St-Zip: HIALEAH, FL 33010

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.

SIGNATURE: GABRIEL SIMKIN

MGR

04/14/2008

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