

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000088669**

1. Entity Name  
**MASMAR I - BOA, LLC**



Principal Place of Business  
**5835 BLUE LAGOON DRIVE  
4TH FLOOR  
MIAMI, FL 33126**

Mailing Address  
**5835 BLUE LAGOON DRIVE  
4TH FLOOR  
MIAMI, FL 33126**



04132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1258367</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SHOJAE, MASOUD  
5835 BLUE LAGOON DRIVE  
4TH FLOOR  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SHOJAE, MASOUD<br/>5835 BLUE LAGOON DR 4TH FL<br/>MIAMI, FL 33126</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>SHOJAE, MARIA<br/>5835 BLUE LAGOON DR 4TH FL<br/>MIAMI, FL 33126</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>MARTIN, TANIA<br/>5835 BLUE LAGOON DR 4TH FL<br/>MIAMI, FL 33126</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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05/08/07-80005-019 50.00

**DO NOT WRITE  
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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:**

**Masoud Shojae**

**4/18/07**

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

Date

Daytime Phone #