

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90017 037 \*\*\*\*50.00  
 05-28-2008 90141 009 \*\*\*\*88.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L05000088931**

1. Entity Name  
**FONTAINBLEAU WEST MIDRISE 21, 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**

**60043980**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**85-1258423**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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 resigning)

DATE

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
 NAME **SHOEJAE, MASSOUD**  
 STREET ADDRESS **5835 BLUE LAGOON DR. 4TH FL**  
 CITY-ST-ZIP **MIAMI, FL 33126**

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

TITLE **VP** ☐ Delete  
 NAME **SHOJAE, MARIA**  
 STREET ADDRESS **5835 BLUE LAGOON DR. 4TH FL**  
 CITY-ST-ZIP **MIAMI, FL 33126**

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

TITLE **VP** ☒ Delete  
 NAME **MARTIN, TANIA**  
 STREET ADDRESS **5835 BLUE LAGOON DR. 4TH FL**  
 CITY-ST-ZIP **MIAMI, FL 33126**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 606, Florida Statutes.

**SIGNATURE:** **Masoud Shojaee** **1/21/08** **786-437-8658**

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

Date

Daytime Phone #