


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90074 009 \*\*\*138.75

<b>DOCUMENT # L05000095212</b>		
1. Entity Name MIAMI INTERNATIONAL REAL ESTATE, LLC		

Principal Place of Business 17 EAST FLAGLER STREET, SUITE 219 MIAMI, FL 33131	Mailing Address PO BOX 13351 MIAMI, FL 33101 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1550 N.W. 10th AVE Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172	Country USA

**60041342**



03202008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. SECOND STREET SUITE 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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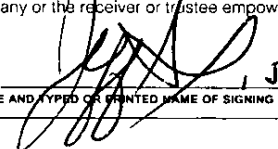
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHERMAN, JEFF 17 EAST FLAGLER STREET, SUITE 219 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>  JEFF SHERMAN	Date 4/9/08	Daytime Phone # 3055939017
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**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095212

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: MIAMI INTERNATIONAL REAL ESTATE, LLC

**ATTACHMENT**

600 41342

**Current Principal Place of Business:**

17 EAST FLAGLER STREET, SUITE 111  
MIAMI, FL 33131

**New Principal Place of Business:**

17 EAST FLAGLER STREET, SUITE 219  
MIAMI, FL 33131

**Current Mailing Address:**

17 EAST FLAGLER STREET, SUITE 111  
MIAMI, FL 33131

**New Mailing Address:**

PO BOX 13351  
MIAMI, FL 33101 US

FEI Number: 20-3842159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. SECOND STREET  
SUITE 2900  
MIAMI, FL 33131 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHERMAN, JEFF  
Address: 17 EAST FLAGLER STREET, SUITE 111  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHERMAN, JEFF  
Address: 17 EAST FLAGLER STREET, SUITE 219  
City-St-Zip: MIAMI, FL 33131

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: JEFF SHERMAN

MGRM

04/26/2007

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