


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L05000099058</b> 1. Entity Name <b>MASMAR XII-BOA, LLC</b>	
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Principal Place of Business <b>5835 BLUE LAGOON DRIVE 4TH FL MIAMI, FL 33126</b>	Mailing Address <b>5835 BLUE LAGOON DRIVE 4TH FL MIAMI, FL 33126</b>
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04132007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1691550</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SHOJAE, MASOUD 5835 BLUE LAGOON DRIVE 4TH FL MIAMI, FL 33126</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	P MASSOUD, SHOEJAE 5835 BLUE LAGOON DR. 4TH FL MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOEJAE, MARIA 5835 BLUE LAGOON DR. 4TH FL MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, TANIA 5835 BLUE LAGOON DR. 4TH FL MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/07-80005-006 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 #