


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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| DOCUMENT # L05000099328 1. Entity Name MASMAR XIV-BOA, LLC |  |
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| Principal Place of Business 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126 | Mailing Address 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126 |
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04132007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 84-1691557 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SHOJAE, MASOUD 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$50.00 Due by May 1, 2007 |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MASOUD, SHOJAE 5835 BLUE LAGOON DR. 4TH FL MIAMI, FL 33128 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHOJAE, MARIA 5835 BLUE LAGOON DR. 4TH FL MIAMI, FL 33128 |
| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U00000728616 05/08/07-80004-025 50.00</p> DO NOT WRITE IN THIS SPACE |
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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.

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|--|----------------------|---------------------------------------|--------------------------------|
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Masoud Shojae | 4/18/07 <small>Date</small> | <small>Daytime Phone #</small> |
|--|----------------------|---------------------------------------|--------------------------------|