


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

<b>DOCUMENT # L05000099330</b>	
1. Entity Name <b>MASMAR XV-BOA, LLC</b>	

Principal Place of Business <b>5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126</b>	Mailing Address <b>5835 BLUE LAGOON DRIVE, 4TH FLOOR 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>84-1691560</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (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	<b>P</b> <b>SHOJAE, MASOUD</b> <b>5835 BLUE LAGOON DR 4TH FL</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SHOJAE, MARIA</b> <b>5835 BLUE LAGOON DR 4TH FL</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARTIN, TANIA</b> <b>5835 BLUE LAGOON DR 4TH FL</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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05/08/07-80005-002 50.00

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 Shojaee** **4/18/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #