

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000099399

1. Entity Name
MASMAR XVI-BOA, LLC



Principal Place of Business
**5835 BLUE LAGOON DR. 4TH FLOOR
MIAMI, FL 33126**

Mailing Address
**5835 BLUE LAGOON DR. 4TH FLOOR
MIAMI, FL 33126**



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0438312	Applied For 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 DR. 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 _____

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 SHAJAE, MASOUD 5835 BLUE LAGOON DR 4TH FL MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOJAE, MARIA 5635 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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05/08/07-80004-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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 #