


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000099703 1. Entity Name TAMARAC MAIN STREET LAND, LLC	
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Principal Place of Business 4500 N.W. 135TH STREET OPA LOCKA, FL 33054	Mailing Address 4500 N.W. 135TH STREET OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3799187	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

CHABROW, PENN B
ONE SOUTHEAST THIRD AVENUE, SUITE 1700
WAMPLER, BUCHANAN, WALKER CHABROW
MIAMI, FL 33131

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000728915
05/08/07-80018-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K-5 COMMERCIAL PROPERTIES, LLC 4500 N.W. 135TH ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M & M TAMARAC PROPERTY, LLC 19464 39TH AVE SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Frank J Kriger 4/20/07 (305) 953-6317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #