


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000099703	
1. Entity Name TAMARAC MAIN STREET LAND, LLC	

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



01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3799187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000835700
02/29/08-80044-013 138.75

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 2/18/08 (305) 953-6317

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