## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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1. Entity Name

MASMAR XXIII - RB, LLC



Principal Place of Business

Mailing Address

5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126

5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

04132007 No Chg-LLC CR2E08

CR2E083 (11/05)

4. FEI Number 02-0759206 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOJAEE, MASOUD 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126

## DO NOT WRITE IN THIS SPACE

MIAMI, FL 33126		IN IF	IN THIS SPACE		
	named entity submits this statement for the purpose of chaions of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi	lling Fee is \$50.00 ue by May 1, 2007				
9,	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOJAEE, MASOUD 5835 BLUE LAGOON DR 4TH FL MIAMI, FL 33126 VP SHOJAEE, MARIA 5835 BLUE LAGOON DR 4TH FL MIAMI, FL 33126		U00000728607 05/08/07-80004-020 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP MARTIN, TANIA 5835 BLUE LAGOON DR 4TH FL MIAMI, FL 33126		IOT WRITE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			•		
STREET ADDRESS	,				

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 ther 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

CITY-SI-ZIP

TITLE

NAME

STREET ADDRESS

CITY-SI-ZIP

Masoud Shojaee

4/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #