

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

04-17-2006 90035 036 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000109714

1. Entity Name

MASMAR XXIV - RB, LLC



Principal Place of Business

5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI FL 33126

Mailing Address

5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0759208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGERS		10. ADDITIONS/CHANGES	
TITLE	President	TITLE	
NAME	Masoud Shojaei	NAME	
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	TITLE	
NAME	Maria Shojaei	NAME	
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	TITLE	
NAME	Tania Martin	NAME	
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #