

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**DOCUMENT # L05000109745**

1. Entity Name  
**MASMAR XXV - 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**



04132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**52-0759211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHOJAE, MASSOUD  
5835 BLUE LAGOON DRIVE, 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	P
NAME	SHOJAE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	SHOJAE, MARIA
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	MARTIN, TANIA
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000728604  
05/03/07-80005-014 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 #