

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-17-2006 90035 010 ****50.00

DOCUMENT # L05000109792

1. Entity Name

MASMAR XXVI - 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

30006783



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. Filing Number
56-2542531

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

SHOJAE, 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 re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	President	<input type="checkbox"/> Delete
NAME	Masoud Shojae	
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL	
CITY- ST- ZIP	Miami, FL 33126	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Maria Shojae	
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL	
CITY- ST- ZIP	Miami, FL 33126	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Tania Martin	
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL	
CITY- ST- ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 #