


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-17-2006 90035 037 ****50.00

DOCUMENT # L05000110266					
1. Entity Name MASMAR XXVIII-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 50-2542535	
				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 SHOJAEI, MASOUD 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI FL 33126				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Masoud Shojaei		NAME		
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL		STREET ADDRESS		
CITY - ST - ZIP	Miami, FL 33126		CITY - ST - ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Shojaei		NAME		
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL		STREET ADDRESS		
CITY - ST - ZIP	Miami, FL 33126		CITY - ST - ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tania Martin		NAME		
STREET ADDRESS	5835 Blue Lagoon Dr. 4th FL		STREET ADDRESS		
CITY - ST - ZIP	Miami, FL 33126		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ City/State/Phone # _____					