2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # L05000113271 1. Entity Name MIRAMAR EAST INVESTMENT, LLC.						03-20-2006	90202 001 **	**50.00
Principal Plac		Mailing Address						
5035 PALM AVE. Hialeah, Fl 33012		5035 PALM AVE. Hialeah, FL 33012						
					 	IRIBA BIIII BRIM RRIII BRIS	 	 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152006	Chg-LLC	CR2E083 (11/	05)	
City & State		City & State		4. FEI Numbe	-3850 5	08	Applied For Not Applicable	
Zip	Country	Zip	Count	try		of Status Desired		Additional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Re		
REYES, R	AMON	Name						
5035 PAL HIALEAH,	M AVE.	Street Address (P.O. Box Numbe	r is Not Acceptable)		
				City			₽ Žin	Code
9. The above governor estimate this statement for the surround of the				,	FL Zip Code pred agent, or both, in the State of Florida. I am familiar with, and accept			
the obligat	ions of registered agent.	the purpose of changing its	registere	ea onice or registe	red agent, or both	n, in the State of Flo	rida. I am familiar i	vith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered	d Agent signature requires	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State			
9.	ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.				Department of	
9. 11TLE	MANAGING MEMBER	RS/MANAGERS	TITLE			Florida	Department of	State
9.	ue by May 1, 2006 MANAGING MEMBER		TITLE			Florida	Department of S	State
9. ITITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MÖRM REYES, RAMON 5035 PALM AVE. HIALEAH, FL 33012	□ Delete	TITLE NAMI STRE	E		Florida	Department of S	State
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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

SHATURE AND PIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/06 (305)822-768

Daytime Phone i