



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90044 041 \*\*\*\*50.00

<b>DOCUMENT # L05000116266</b> 1. Entity Name <b>MIRABELLA WALGREENS AT MIRAMAR, LLC</b>					
Principal Place of Business <b>6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487</b>			Mailing Address <b>6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FRAZIER, ROBERT W JR., ESQ C/O FRAZIER, HOTTE &amp; ASSOCIATES, P.A. 6550 NORTH FEDERAL HIGHWAY, SUITE 220 FT. LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LEVY, ROBERT A 6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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.					
<b>SIGNATURE:</b> 			2-24-06 954-928-1900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone</small>		