

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90154 042 ****50.00

DOCUMENT # L05000123706 1. Entity Name MIMS PROPERTY DEVELOPMENT, LLC					
Principal Place of Business 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009			Mailing Address 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">74 - 3155571</div>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JAZAYRI, SAM 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009			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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAZAYRI, SAM 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAMINI, MOJTABA A 1542 S. DIXIE HWY CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADEGHI, ALI 15455 S.W. 82ND CT. MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEMATZ, NOOSHIN 10133 S.W. 140TH ST. MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNION TRUST FINANCIAL SERVICES 9050 PINES BLVD #383 PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARAJE, ALIREZA 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEMATI, NOOSHIN 10113 SW 140th ST MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEMATI, NOOSHIN 10113 SW 140th ST MIAMI, FL 33176	<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.					
SIGNATURE: Date: <u>3/6/07</u> Daytime Phone # _____					