2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123706

Entity Name: MIMS PROPERTY DEVELOPMENT, LLC

PEMBROKE PARK, FL 33009

City-St-Zip:

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009 **Current Mailing Address: New Mailing Address:** 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009 FEI Number: 74-3155571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAZAYRI, SAM 3001 HALLANDALE BEACH BLVD. #300 PEMBROKE PARK, FL 33009 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JAZAYRI, SAM Name: Name: 3001 HALLANDALE BEACH BLVD. #300 Address: Address: City-St-Zip: PEMBROKE PARK, FL 33009 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition YAMINI, MOJTABA A Name: Name: Address: 1542 S. DIXIE HWY Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SADEGHI, ALI Name: Name: Address: 15455 S.W. 82ND CT. Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: NEMATI, NOOSHIN Name: Address: 10133 S.W. 140TH ST. Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition UNION TRUST FINANCIA, L SERVICES Name: Name: 9050 PINES BLVD #383 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FARAJE, ALIREZA Name: Name: Address: 3001 HALLANDALE BEACH BLVD. #300 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: SAM JAZAYRI MGRM 03/03/2009