2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L06000000379 02-23-2007 90209 002 ****50.00 1. Entity Name MIRROR LAKES EQUITY, LLC Principal Place of Business Mailing Address 2725 SOMERSET DRIVE 2725 SOMERSET DRIVE LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato Applied For City & State 4. FEI Number Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLODIG, GREGORY J** Street Address (P.O. Box Number is Not Acceptable) 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE FL 33309 City Zip Codo 8. The above named ontity 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 Signature, typed or named name of consistent again and site if acclassible. (NOTE: Responsed Agent a greature recovery when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Pavable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete AIRE ☐ Change Addition NAME I&E MANAGEMENT CORP. STREET ADDRESS STREET ADDRESS 2725 SOMERSET DRIVE CHY-St-7P CITY S1-7P LAUDERDALE LAKES FL 33311 10111 ☐ Delete THILE ☐ Chance ☐ Addition NAME STREET ADDRESS SURFEL ADDRESS CITY ST-ZIP CITY SI /P Delete 1001 Addition 1014 ☐ Change NAME STOLET ADDRESS STREET EADDRESS CHY ST-ZIP CHY S1 792 1134 E ☐ Delete nac ☐ Change ☐ Addition NAME. NAME SIDLET ADORESS SIRFFFADDRESS CHY ST 78P CITY ST- ZIP ☐ Delete ☐ Change ■ Addition 11111 NAME STREET ADDRESS SITUTE LADDRESS CITY-ST-71P CITY ST /IP ☐ Delete ☐ Change Addition THILE ILLE NAME STREET ADDRESS STREET ADDRESS CHY ST 7IP CITY-S1-ZIP 11. I hereby cortify 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 offect as it made under eath; 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: INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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