

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000005818					
1. Entity Name MIAONE 2, LLC					
Principal Place of Business 1200 BRICKELL AVENUE, SUTIE 860 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVENUE, SUTIE 860 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOPEZ, PETER M 1200 BRICKELL AVENUE, SUTIE 860 MIAMI, FL 33131			Name <u>Peter M. Lopez, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1911 NW 150 Avenue</u> <u>Suite 201</u> City <u>Pembroke Pines</u> FL Zip Code <u>33028</u>		
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			DATE <u>4/24/07</u>		
Signature, typed or printed name of registered agent and title if applicable. (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 LOPEZ, ALVARO 1200 BRICKELL AVENUE, SUTIE 860 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:			MGRM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/24/07</u> Daytime Phone #		

FILED
07 MAY -9 PM 3:41
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

