



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90008 001 ***693.75

DOCUMENT # L06000005818					
1. Entity Name MIAONE 2, LLC					
Principal Place of Business 1200 BRICKELL AVENUE, SUITE 860 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVENUE, SUITE 860 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1911 NW 150th AVE		3. Mailing Address 1911 NW 150th AVE			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL			
Zip 33028		Country USA		Zip 33028	
Country USA		Country USA			
4. FEI Number APPLIED FOR 55-0915D26			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOPEZ, PETER M 1911 NW 150 AVENUE SUITE 201 PEMBROKE PINES, FL 33028			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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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, SUITE 860 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, ALVARO 1911 NW 150th AVE, SUITE 201 Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Daytime Phone #		