2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# L06000005818

Entity Name: MIAONE 2, LLC

Current Principal Place of Business:

1911 NW 150TH AVE SUITE 201
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2475 SOUTH BAYSHORE DRIVE
SUITE # 3
COCONUT GROVE, FL 33133

Current Mailing Address:

1911 NW 150TH AVE SUITE 201
PEMBROKE PINES, FL 33028

New Mailing Address:

2475 SOUTH BAYSHORE DRIVE
SUITE # 3
COCONUT GROVE, FL 33133

FEI Number: 55-0915026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, PETER M
1911 NW 150 AVENUE
SUITE 201
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

LOPEZ, ALVARO
2475 SOUTH BAYSHORE DRIVE
SUITE # 3
COCONUT GROVE, FL 33133 US

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: ALVARO LOPEZ 07/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LOPEZ, ALVARO
Address: 1911 NW 150TH AVE SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LOPEZ, ALVARO
Address: 2475 SOUTH BAYSHORE DRIVE, SUITE # 3
City-St-Zip: COCONUT GROVE, FL 33133

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.

SIGNATURE: ALVARO LOPEZ MGRM 07/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date