
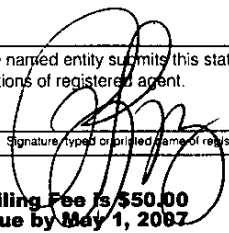
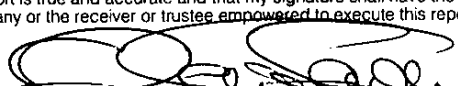


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000005820 1. Entity Name MIAMARK, LLC						FILED 07 MAY -9 PM 3:40 CLERK OF STATE TALLAHASSEE, FLORIDA	
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 # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LOPEZ, PETER M 1200 BRICKELL AVENUE, SUITE 860 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Peter M. Lopez, PA Street Address (P.O. Box Number is Not Acceptable) 1911 NW 150 Avenue Suite 201 City Pembroke Pines FL Zip Code 33028			
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 4/24/07			
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, SUITE 860 MIAMI, FL 33131			<input type="checkbox"/> Change <input type="checkbox"/> Addition 600103099736 05/23/07--01019--017 **400.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 4/24/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			