


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

05-01-2007 90314 013 ****50.00

DOCUMENT # L06000025448

1. Entity Name
306 MIRANDA, LLC



Principal Place of Business Mailing Address

**2301 LONGLEAF BOULEVARD
SUITE 300
LAKE WALES FL 33859** **2301 LONGLEAF BOULEVARD
SUITE 300
LAKE WALES FL 33859**

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

5. Name and Address of Current Registered Agent

**MIRANDA, JOSEPH F
2301 LONGLEAF BOULEVARD
SUITE 300
LAKE WALES FL 33859**

7. Name and Address of New Registered Agent

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.

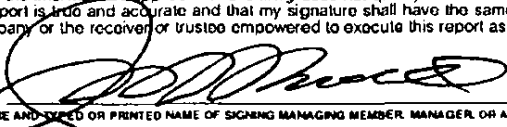
SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MIRANDA, JOSEPH F 2301 LONGLEAF BOULEVARD, SUITE 300 LAKE WALES FL 33859 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CROSBY, BENJAMIN E 505 AVENUE A. NW, SUITE 306 WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 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 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  4/20/07 888 679 9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

Joseph F. Miranda, Inc. # 300/2087
Developers / General Contractor

2301 Longleaf Boulevard, Suite 300, Lake Wales, Florida 33859

Tel: (863) 679-9936

Fax: (863) 679-9946

July 31, 2007

Florida Department of State
Divisions of Corporations
P.O. Box 6478
Tallahassee, Fl 32314

Re: L06000025448

N0600008119

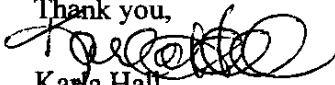
N06000003652

Dear Sir,

Please find the enclosed information that was left out in block 4 from the above referenced numbers.

Please let me know if there is anything else that we need to do.

Thank you,


Karla Hall

Joseph F. Miranda, Inc