

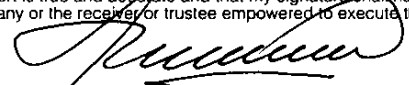


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90363 049 ****50.00

DOCUMENT # L06000026758					
1. Entity Name MIRAMAR INVESTMENTS, LLC					
Principal Place of Business 9737 NW 41ST STREET #615 MIAMI, FL 33178-2924			Mailing Address 9737 NW 41ST STREET #615 MIAMI, FL 33178-2924		
2. Principal Place of Business - No P.O. Box # 1835 NW 112 AVE Suite, Apt. #, etc. UNITS 64 & 65		3. Mailing Address 1835 NW 112 AVE Suite, Apt. #, etc. UNITS 64 & 65		40117352 	
City & State DORAL FL		City & State DORAL FL		05022007 Chg-LLC CR2E083 (12/06)	
Zip 33172		Country US		4. FEI Number 57-1234436	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET, SUITE C 201 DORAL, FL 33172			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME PEDROZA, PABLO STREET ADDRESS 9737 NW 41ST STREET #615 CITY-ST-ZIP MIAMI, FL 331782924	<input type="checkbox"/> Delete		TITLE MGR NAME PEDROZA, PABLO STREET ADDRESS 1835 NW 112 AVE - UNITS 64 & 65 CITY-ST-ZIP DORAL FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME CHANG DE PEDROZA, YANGMIG STREET ADDRESS 9737 NW 41ST STREET #615 CITY-ST-ZIP MIAMI, FL 331782924	<input type="checkbox"/> Delete		TITLE MGR NAME DE PEDROZA, YANGMIG C STREET ADDRESS 1835 NW 112 AVE - UNITS 64 & 65 CITY-ST-ZIP DORAL FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PEDROZA, JULIO A STREET ADDRESS 9737 NW 41ST STREET #615 CITY-ST-ZIP MIAMI, FL 331782924	<input type="checkbox"/> Delete		TITLE MGR NAME PEDROZA, JULIO A STREET ADDRESS 1835 NW 112 AVE - UNITS 64 & 65 CITY-ST-ZIP DORAL FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PEDROZA, PABLO E STREET ADDRESS 9737 NW 41ST STREET #615 CITY-ST-ZIP MIAMI, FL 331782924	<input type="checkbox"/> Delete		TITLE MGR NAME PEDROZA, PABLO E STREET ADDRESS 1835 NW 112 AVE - UNITS 64 & 65 CITY-ST-ZIP DORAL FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PEDROZA, YILAIING STREET ADDRESS 9737 NW 41ST STREET #615 CITY-ST-ZIP MIAMI, FL 331782924	<input type="checkbox"/> Delete		TITLE MGR NAME PEDROZA, YILAIING STREET ADDRESS 1835 NW 112 AVE - UNITS 64 & 65 CITY-ST-ZIP DORAL FL 33172	<input checked="" 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	
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: 			5/3/07 305-829-8742		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE PABLO PEDROZA			Date Daytime Phone #		