

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034705

FILED
Apr 30, 2007
Secretary of State

Entity Name: MIPRI 2 LLC

Current Principal Place of Business:

3688 HERON RIDGE LANE
WESTON, FL 33331

New Principal Place of Business:

11361 NW 48 TERRACE
DORAL, FL 33178

Current Mailing Address:

3688 HERON RIDGE LANE
WESTON, FL 33331

New Mailing Address:

11361 NW 48 TERRACE
DORAL, FL 33178

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACINTER CORPORATION
15802 NW 14 MANOR
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

MACINTER CORPORATION
8405 SW. 56 AVE. RD
OCALA, FL 34476 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: _____ 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JESUS CAUSAPE, MARIA
Address: 3688 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: ZABALA, RAFAEL
Address: 3688 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAUSAPE, MARIA J <GR
Address: 3688 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331

Title: MGR (X) Change () Addition
Name: ZABALA, RAFAEL MGR
Address: 11361 NW 48 TERRACE
City-St-Zip: DORAL, FL 33178

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: MARIA J CAUSAPE MGR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date