

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066061

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: MIAMI GARDENS OFFICE CENTER LLC

**Current Principal Place of Business:**

3168 NE 211TH ST  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

3168 NE 211TH ST  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 20-8280654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DERHY FINANCIAL SERVICES LLC  
99 NW 183RD ST  
112  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

DERHY FINANCIAL SERVICES LLC  
99 NW 183RD ST  
138  
MIAMI, FL 33169 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: DERHY DVIR

03/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DERHY, DVIR  
Address: 3168 NE 211TH ST  
City-St-Zip: AVENTURA, FL 33169 US

Title: MGRM ( ) Delete  
Name: KARNY, SONYA  
Address: 3266 NE 168TH ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DERHY, DVIR  
Address: 3168 NE 211TH ST  
City-St-Zip: AVENTURA, FL 33180 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DERHY DVIR

MGRM

03/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date