
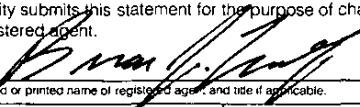



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90081 012 ****50.00

DOCUMENT # L06000092808			
1. Entity Name MIRAGE COMMERCIAL HOLDINGS, LLC			
Principal Place of Business 9200 S. DADELAND BLVD 204 MIAMI, FL 33156		Mailing Address 9200 S. DADELAND BLVD 204 MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box # 7457 Park Lane		3. Mailing Address 7457 Park Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Lo	
City & State Lakeworth FL		City & State Lakeworth FL	
Zip 33467	Country PalmBch	Zip 33467	Country PalmBch
6. Name and Address of Current Registered Agent ESTEFANO & ASSOCIATES, P.A. 9200 S. DADELAND BLVD 204 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Brian Lulfs Street Address (P.O. Box Number is Not Acceptable) 7457 Park Lane City Lakeworth FL Zip Code 33467	
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 2-20-07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 Lulfs LULFS, BRIAN 7457 PARK LANE LAKE WORTH, FL 33467 <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 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: 		Date 2-20-07 Daytime Phone # 564439-2903	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

60019139



02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5581263** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required