


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90137 011 ***138.75

DOCUMENT # L06000098571 1. Entity Name MYRET LLC	
--	---

Principal Place of Business ONE SOUTHEAST THIRD AVENUE, SUITE 1440 MIAMI, FL 33131	Mailing Address ONE SOUTHEAST THIRD AVENUE, SUITE 1440 MIAMI, FL 33131
--	--



02222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8662386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TURNER, DAVID ONE SOUTHEAST THIRD AVENUE, SUITE 1440 MIAMI, FL 33131
--

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUBINI, GIORGIO ONE SOUTHEAST THIRD AVENUE, SUITE 1440 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLDINI, MARIA ONE SOUTHEAST THIRD AVENUE, SUITE 1440 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUBINI, GABRIELE ONE SOUTHEAST THIRD AVENUE, SUITE 1440 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/22/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #