
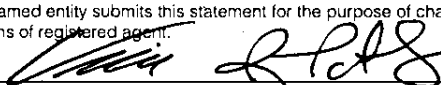
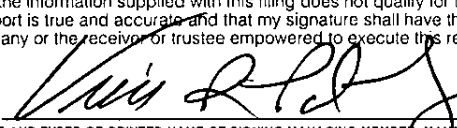


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90030 048 \*\*\*\*50.00

<b>DOCUMENT # L06000105876</b> 1. Entity Name 405 MIRAMAR, LLC					
Principal Place of Business 515 E LAS OLAS BLVD SUITE 860 FORT LAUDERDALE, FL 33301 US			Mailing Address 515 E LAS OLAS BLVD SUITE 860 FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business - No P.O. Box # 150 Lansing Island Dr. Suite, Apt. #, etc.		3. Mailing Address 150 Lansing Island Dr. Suite, Apt. #, etc.			
City & State Indian Harbour Beach, FL		City & State Indian Harbour Beach, FL		4. FEI Number 20-8854344	
Zip 32937		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAAGENSON & HAAGENSON, P.A. 515 E LAS OLAS BLVD SUITE 860 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Vinu R. Patel Street Address (P.O. Box Number is Not Acceptable) 150 Lansing Island Dr. City Indian Harbour Beach FL Zip Code 32937	
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 4/18/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAGENSON, BRYAN J 515 E LAS OLAS BLVD, SUITE 860 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vinu R. Patel 150 Lansing Island Dr. Indian Harbour Beach FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAGENSON, ROGER D 515 E LAS OLAS BLVD, SUITE 860 FORT LAUDERDALE, FL 33301	<input checked="" 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
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
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: 			4/18/07 321-432-4535		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		