


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L06000105876

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
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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.
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04162007 Chg-LLC CR2E083 (12/06)

City & State Indian Harbour Beach, FL	City & State Indian Harbour Beach, FL	4. FEI Number 20-8854344	Applied For Not Applicable
Zip 32937	Country USA	Zip 32937	Country USA

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

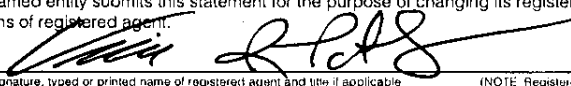
6. Name and Address of Current Registered Agent

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

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

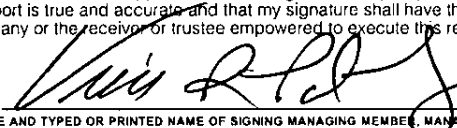
Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAGENSON, BRYAN J <input checked="" type="checkbox"/> Delete 515 E LAS OLAS BLVD, SUITE 860 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAGENSON, ROGER D <input checked="" type="checkbox"/> Delete 515 E LAS OLAS BLVD, SUITE 860 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vinu R. Patel 150 Lansing Island Dr. Indian Harbour Beach FL 32937
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"/> Change <input type="checkbox"/> Addition
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"/> 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: 4/18/07 DAY/PHONE: 321-432-4535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Phone #