

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112122

Entity Name: MIRABELLA 2109, LLC

FILED
May 30, 2007
Secretary of State

Current Principal Place of Business:

7500 NW 54 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7500 NW 54 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-5909521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RUIZ, LUIS A
2775 NE 187 ST
#603
AVENTURA, FL 33180 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUIZ, LUIS A
Address: 2775 NE 187 ST #603
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: SOLER, CHAEL
Address: 867 GARNET CICLE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: RUIZ, EDUARDO
Address: 1275 NW 140 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LUIS A RUIZ

MGR

05/30/2007

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