

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034869

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: MIAMI HOME RENTALS, LLC

**Current Principal Place of Business:**

119 WASHINGTON AVENUE  
SUITE 504  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

119 WASHINGTON AVENUE  
SUITE 504  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

FREEMAN, RICHARD A ESQ.  
119 WASHINGTON AVENUE  
504  
MIAMI BEACH, FL 33139 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: ROCHE, LUDOVIC A  
Address: 119 WASHINGTON AVENUE, SUITE 504  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR ( ) Delete  
Name: DESDEMONA CORP.,  
Address: 119 WASHINGTON AVENUE, SUITE 504  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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: RICHARD FREEMAN

SEC

07/14/2008

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