

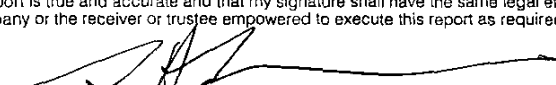


**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90078 050 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L07000057916</b>			
1. Entity Name <b>WILES-CORAL RIDGE MEZZANINE, LLC</b>			
Principal Place of Business <b>1509 WEST CYPRESS RD., STE 409 FORT LAUDERDALE, FL 33309</b>		Mailing Address <b>1509 WEST CYPRESS RD., STE 409 FORT LAUDERDALE, FL 33309</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>265.49.1839</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WILLIAMSON, BETTY 1509 WEST CYPRESS RD., STE 409 FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>Scott Brenner</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 W. Cypress Creek Rd. #409</b> City <b>Fort Lauderdale</b> FL Zip Code <b>33309</b>	
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 <b>7/7/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM Wiles-Coral Ridge Mezzanine M.M. LLC 1500 W Cypress Creek Rd #409 Fort Lauderdale FL 33309</b>
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			