2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90006 049 ***138.75

DOCUMENT # L07000090537

1. Entity Name

MIRAMAR REAL ESTATE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2185 IBIS ISLE ROAD, SUITE 1 PALM BEACH FL 33480	2185 IBIS ISLE ROAD, SUITE 1 PALM BEACH FL 33480

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2185 IBIS Isle Rd.		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
# 1		Same	
City & State		City & State	
PALM BEACH		SAme	
Zip: FLA	Country: USA	Zip: 33480	Country: PALM BEACH

4. FEI Number: 26-1131138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ROBERT D
2240 WOOLBRIGHT ROAD, SUITE 411
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	BAEZA, JUAN CARLOS TRUSTEE	
STREET ADDRESS	2185 IBIS ISLE ROAD, SUITE 1	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	MGRM	☐ Delete
NAME	BAEZA, PATRICIA C TRUSTEE	
STREET ADDRESS	2185 IBIS ISLE ROAD, SUITE 1	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Juan C Baeza 4/15/08 (561) 582-1759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #