

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115478

Entity Name: 45 MIRACLE MILE, LLC

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

C/O GREG BERGER
100 CLEARBROOK ROAD
ELMSFORD, NY 10523

New Principal Place of Business:

Current Mailing Address:

C/O GREG BERGER
100 CLEARBROOK ROAD
ELMSFORD, NY 10523

New Mailing Address:

FEI Number: 26-3972330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: BERGER, GREG
Address: 100 CLEARBROOK ROAD
City-St-Zip: ELMSFORD, NY 10523

Title: MGR () Delete
Name: ABLES, BARRY
Address: 100 CLEARBROOK ROAD
City-St-Zip: ELMSFORD, NY 10523

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ABES, BARRY
Address: 1805 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: JONES, TIMOTHY
Address: 100 CLEARBROOK ROAD
City-St-Zip: ELMSFORD, NY 10523

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: BARRY ABES

MGR

02/19/2009

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