


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90057 022 \*\*\*\*50.00

**DOCUMENT # L9800000159**

1. Entity Name  
**MIAMI GARDENS PARTNERS, L.C.**



Principal Place of Business <b>99 NW 183 STREET, #120          N. MIAMI BEACH FL 33169          US</b>	Mailing Address <b>99 NW 183 STREET, #120          N. MIAMI BEACH FL 33169          US</b>
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2. Principal Place of Business - No P.O. Box # <b>3145 NE 210th St</b>	3. Mailing Address <b>3145 NE 210th St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State <b>Aventura, FL</b>	City & State <b>Aventura FL</b>
Zip <b>33180</b>	Country <b>USA</b>

4. FEI Number <b>65-0809348</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ROSENFELD, DANIEL  
 99 NW 183 STREET, #120  
 N. MIAMI BEACH FL 33169**

7. Name and Address of New Registered Agent

Name  
**DANIEL ROSENFELD**

Street Address (P.O. Box Number is Not Acceptable)  
**3145 NE 210th St**

City  
**Aventura** **FL** Zip Code  
**33180**

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  **DANIEL ROSENFELD, MANAGER** 1/31/07

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

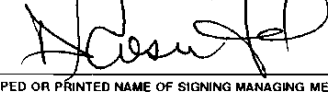
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM ROSENFELD, DANIEL 99 N.W. 183RD STREET, SUITE 120 N. MIAMI BEACH FL 33169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP	<b>ROSENFELD DANIEL 3145 NE 210th St AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  1/31/07 (786) 2366787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #