2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

		EPORT (AK)	<u> </u>		1		
DOCUMENT # L9800000159 1. Entity Name					FILED		
MIAMI GARDENS PARTNERS, L.C.			. /		Aug 06, 20 Secreta	08 08:00 rv of State	AM e
Principal Place of Business Mailing Address					1	- J	•
3145 NE 210TH ST AVENTURA FL 33180 US .:· ,.		3145 NE 210TH ST AVENTURA FL 33180 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			1 /25/15/1 2/0 32/07 (21/:		
Suite, Apt. #, etc.		Suite, Apt #, etc.		2nd MOORE	CR2E083 (4/08)	
City & State		City & State		4. FEI Number 65-08093	48	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	5.00 Fee Req	Additional uired
6. Name and Address of Curren				Name	7. Name and Address of New	Registered Agent	
ROSENFELD, DANIEL				Name			
314	5 NE 210TH ST ENTURA FL 33180	Street Address (P.O. Box Number is Not Acceptal	ble)		
			City		·	FL '	Code
8. The above the obligat	named entity submits this statement for ions of registered agent	or the purpose of changing its r	registered	office or register	ed agent, or both, in the State of	Florida. I am familiar w	ith, and accept
SIGNATURE Signature, by gard printed hard of registered agent and the if expiredule (NOTÉ. Registered Agent signature required when reinstating) DATE							
, - ,	and the fore the war area.	Make Check Payable	W!!! FEE e to Flori	E IS \$538.75 da Departmer ber 3, 2008	late fee. By che	S., allows for the warver ecking this box, the I s it did not receive prio	imited liability
9.	MANAGING MEMBE	ERS/MANAGERS	10.	s, etaministratura (h. 1906). Albaninistratura (h. 1906).	ADDITION	IS/CHANGES	
TITLE ,	MGRM	☐ Delete	TITLE		*****	☐ Chan	ge 🔲 Addition
NAME	ROSENFELD, DANIEL		NAME				
STREET ADDRESS CITY-ST-ZIP	3145 NE 210TH ST AVENTURA FL 33180		STREET A				ĺ
TITLE	AVENTONATE 33100	□ Delete	TITLE	- 20		957177	ge 🔲 Addition
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NAME	- · · · ·		NAME				- · ·
STREET ADDRESS CITY-ST-ZIP			STREET A				
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NAME STREET ADDRESS	1		NAME STREET A	nnpecc			
CITY-ST-ZIP			CITY-ST-				
title Name			TITLE NAME			Chang	ge 🔲 Addition
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NAME STREET ADDRESS :			NAME expect a	DDGCCC			
CITY-ST-ZIP		_	STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with	this filing does not qualify for t			n Chapter 119, Florida Statutes 1	further certify that the	Information
indicatéd limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have the empowered to execute this re	he same le eport as re	gal effect as if m quired by Chapt	ade under oath; that I am a man er 608, Florida Statutes.	aging member or man	ager of the

NAGER OR AUTHORIZED REPRESENTATIVE DAILY