


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90062 007 ****55.00

DOCUMENT # L99000003975	
1. Entity Name MIROMAR SQUARE, L.L.C.	

Principal Place of Business 10801 CORKSCREW ROAD, SUITE 199 ESTERO, FL 33921	Mailing Address 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134
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20018892



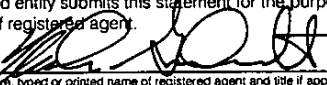
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 33928	Country USA	3. Mailing Address 10801 Corkscrew Road Suite, Apt. #, etc. Suite 305 City & State Estero, FL Zip 33928	Country USA
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02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2190488	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GESCHWENDT, MARK 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent Name S. Ane Street Address (P.O. Box Number is Not Acceptable) 10801 Corkscrew Road Suite 305 City Estero FL Zip Code 33928
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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 3/1/05

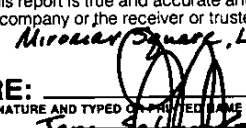
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIROMAR DEVELOPMENT CORP. 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10801 Corkscrew Road Suite 305 Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Jerry Schmitt, Executive Vice President	Date 3/1/05 Daytime Phone # 239/948-3666