

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000009258

1. Entity Name

NORIC MIRAMAR BEACH LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:58

Principal Place of Business

2333 BRICKELL AVENUE, STE. D1  
MIAMI FL 33129

Mailing Address

2333 BRICKELL AVENUE, STE. D1  
MIAMI FL 33129

2. Principal Place of Business

4300 Legendary Dr.  
Suite, Apt. #, etc.  
204

3. Mailing Address

4300 Legendary Dr.  
Suite, Apt. #, etc.  
204

City & State

Destin

City & State

Destin, FL

Zip

FL 32541

Zip

32541

6. Name and Address of Current Registered Agent

DAVID, MARY ANN Y ESQ.  
2333 BRICKELL AVENUE, STE. D1  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name Richard Olson

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

4300 Legendary Dr.

St 204

City

Destin

FL

Zip Code

32541

8. The above named entity certifies that the information for the purpose of filing this report is true and accurate. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

4-28-06

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME OLSON, RICHARD  
STREET ADDRESS 2333 BRICKELL AVENUE, SUITE D-1  
CITY-ST-ZIP MIAMI FL 33129

TITLE MGRM  
NAME ROSEN, NORMAN  
STREET ADDRESS 2333 BRICKELL AVENUE, SUITE D-1  
CITY-ST-ZIP MIAMI FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 4300 Legendary Dr.  
CITY-ST-ZIP Destin, FL 32541

TITLE  
NAME  
STREET ADDRESS 700076302657  
CITY-ST-ZIP 06/19/06--01005--001 \*\*2150.00

TITLE  
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TITLE  
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 66B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-06 850-650-2858

Date

Daytime Phone #