

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002578

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** MIRACLE MARKETPLACE LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD. SUITE 420  
C/O THE TALISMAN COMPANIES, INC.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE # 1250  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4000 PONCE DE LEON BLVD. SUITE 420  
C/O THE TALISMAN COMPANIES, INC.  
CORAL GABLES, FL 33146

**New Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE # 1250  
CORAL GABLES, FL 33134

**FEI Number:** 37-1491982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEASON, ROBERT W  
4000 PONCE DE LEON BLVD. SUITE 420  
C/O THE TALISMAN COMPANIES, INC.  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

CLEASON, ROBERT W  
355 ALHAMBRA CIRCLE  
SUITE # 1250  
CORAL GABLES, FL 33134 US

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

04/03/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SB MIRACLE REALTY CORP.  
Address: 355 ALHAMBRA CIRCLE, SUITE #1250  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: JAMES A. SCHLESINGER

MGR

04/03/2012

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