## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## FILED Jan 31, 2007 08:00 AM DOCUMENT # M05000005843 1. Entity Namo **Secretary of State** SG MIRASOL LLC Principal Place of Business Mailing Address 11524 VILLA VASARI DRIVE 11524 VILLA VASARI DRIVE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicat: Zip Country Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CFRA, LLC Street Address (P.O. Box Number is Not Acceptable) CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BLVD., 10TH FLOOR **TAMPA FL 33607** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typon or printed name of registered agent and little if applicable. DATE (NGTE Registered Agerd signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES THEF D Artim 18818 MGR Delete ☐ Change NAME NAM GRAY, SHARON U00000613686 SIRLLI ADDRESS STREET ADDRESS 11524 VILLA VASARI DRIVE 02/05/07-80048-008 50.00 CITY ST ZIP CHY 51 AF PALM BEACH GARDENS FL 33418 ☐ Delete HILL ☐ Change Agation NAME MALK STREET ADDRESS STREET ADDRESS CHY ST-71P CHY St ZIP HIL ☐ Defete HH ☐ Change Addition NAME NAME SHIFT I ADDRESS STREET ADDRESS CITY ST ZIP CITY ST (P 18181 Delete ☐ Change Augu 11111 NAME MALN SHILL LADORESS SIBLE LADDRESS OFF SLZP CHY SI 719 11111 ☐ Delele 11111 Change Addina NAM NAME STREET ADDRESS STREET ADDRESS CHY SI ZIP CITY-ST ZIP MILL 11111 ☐ Delete Change Addition NAME NAM STREET ADDRESS SHELL ADDRESS CHY-ST-ZIP CHY SI 78 11. I horeby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Cata

Daytone Phone #