Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification								
For	calendar plan year 2010 or fiscal plan year b	eginning 01/01/2	2010	and ending	12/31/2	2010			
Α .	This return/report is for:	oloyer plan	multiple-e	employer plan (not multiemployer)		one-participant	t plan		
В -	This return/report is for:	/report	final retur	n/report					
	an amend	ed return/report	short plar	year return/report (less than 12 m	onths)				
C	C Check box if filing under: Form 5558 automatic extension					DFVC program	n		
	special ex								
Pa	art II Basic Plan Information—en	`	' '						
	Name of plan	ici aii requestea iriic	mation		1b	Three-digit			
	AX DEVELOPMENT 401(K) PLAN					plan number	001		
						(PN) ▶	001		
					1c	Effective date of p			
22	Plan sponsor's name and address (employe	ur if for single emplo	vor plan)		2h	Employer Identific			
	AX DEVELOPMENT, LLC	ii, ii ioi siiigie-eiiipio	yei piaii)		25	(EIN) 26-26094			
					2c	Plan sponsor's te	lephone number		
	NE 2ND AVE, SUITE 400 /II, FL 33131				0-1	786-425-			
					2a	Business code (se 531310	ee instructions)		
3a	Plan administrator's name and address (if sa	ame as Plan sponso	r, enter "Same	e")	3b	Administrator's EI	IN		
MIRA	AX DEVELOPMENT, LLC	3841 NE : MIAMI, FI	2ND AVE, SU	IITE 400		26-26094	475		
			2 00 10 1		3с	Administrator's te 786-425-	lephone number		
4 1	f the name and/or EIN of the plan sponsor ha	as changed since the	last return/re	nort filed for this plan, enter the	4h	4b EIN			
	name, EIN, and the plan number from the las	•		port med for time plant, enter the					
					4c	PN			
5a	Total number of participants at the beginning	g of the plan year			<u>5a</u>		2		
b	Total number of participants at the end of the	ne plan year			5b		2		
С	Total number of participants with account b complete this item)				5c		2		
62	Were all of the plan's assets during the pla						X Yes No		
b	Are you claiming a waiver of the annual exa	•	J	,					
	under 29 CFR 2520.104-46? (See instruction						Yes No		
	If you answered "No" to either 6a or 6b,	the plan cannot use	e Form 5500-	SF and must instead use Form 5	500.				
	rt III Financial Information			T					
7	Plan Assets and Liabilities			(a) Beginning of Year	04	(b) End o	of Year 74348		
	Total plan assets			588	91		74346		
	Total plan liabilities			588	01		74348		
<u>c</u>	Net plan assets (subtract line 7b from line 7		7с		31				
8	Income, Expenses, and Transfers for this P Contributions received or receivable from:	lan Year		(a) Amount		(b) To	ital		
а	(1) Employers		8a(1)	37	21				
	(2) Participants			81	32				
	(3) Others (including rollovers)		· , ,						
b	Other income (loss)			36	04				
С	Total income (add lines 8a(1), 8a(2), 8a(3),	and 8b)	8c				15457		
d	Benefits paid (including direct rollovers and								
	to provide benefits)								
е	Certain deemed and/or corrective distribution	ons (see instructions)) 8e						
f	Administrative service providers (salaries, for	ees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g	g)	8h				0		
į	Net income (loss) (subtract line 8h from line	•					15457		
ĺ	Transfers to (from) the plan (see instruction	s)	Qi						

	F	form 5500-SF 2010 Page 2-						
• •ar	t IV	Plan Characteristics						
a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	odes in	the instructi	ons:	
h		2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	rootorio	tio Co	doo in	the inetructiv	ono:	
D	11 1116	plan provides wellare betterits, effect the applicable wellare feature codes from the List of Flan Cha	aciens	illo Co	ues III	uie iiisuuciid	Л15.	
art	t V	Compliance Questions						
0	Durir	ng the plan year:		Yes	No	1	Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described i CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		Х			
С		s the plan covered by a fidelity bond?	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc shonesty?	10d		X			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X				193
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1	Is thi: 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sche	dule SE	3 (Form	Yes	No X
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	le or se	ection	302 of	ERISA?	Yes	No X
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ting the waiver						
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,			
b	Ente	r the minimum required contribution for this plan year		[12b			
C	Ente	r the amount contributed by the employer to the plan for this plan year			12c			

Part VII | Plan Terminations and Transfers of Assets

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

12d

Yes

N/A

No

No

Yes

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/14/2011	CHARLES LEDER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/14/2011	CHARLES LEDER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

E~:	art I Annual Report Identification Information												
		01/01/2	2010 and ending		12/31/2010								
Α	This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan								
В	This return/report is for:	final retu	rn/report										
	ап amended return/report	short pla	n year return/report (less than 12 mo	nths)									
С	Check box if filing under: Form 5558	cextension		DFVC program									
	special extension (enter descript	ion)											
P	art II Basic Plan Information—enter all requested inform	nation											
1a	Name of plan			1b	Three-digit								
	Mirax Development 401(k) Plan				plan number (PN) 001								
		1c	Effective date of plan										
	16 Effective date of plan 01/01/2009												
2a	Plan sponsor's name and address (employer, if for single-employe Mirax Development, LLC	r plan)		2b	Employer Identification Number								
	Tittum boveropment, Elle			20	(EIN) 26-2609475 Plan sponsor's telephone number								
	3841 NE 2nd Ave, Suite 400			20	(786) 425-0055								
	Soft NB 211d 11vo, Batter 400			2d	Business code (see instructions)								
20	Miami		FL 33131	26	531310 Administrator's EIN								
Ja	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{Same}}$	enter Sam	∌)	30	Administrator's Eliv								
				3с	Administrator's telephone number								
4	f the name and/or EIN of the plan sponsor has changed since the la	est return/re	nort filed for this plan, enter the	4h	EIN								
	name, EIN, and the plan number from the last return/report. Spons		port mod for time plant, evitor the										
	4c PN												
	Total number of participants at the beginning of the plan year	<u>5a</u>	2										
	b Total number of participants at the end of the plan year												
С	Total number of participants with account balances as of the end complete this item)		5c	2									
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)												
b	Are you claiming a waiver of the annual examination and report of	f an indepe	ndent qualified public accountant (IC	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.												
~~~~~~	rt III Financial Information	orm 5500-			X Yes No								
7		orm 5500-			luced Level								
-	rt III Financial Information		SF and must instead use Form 55	00.	(b) End of Year								
а	rt III Financial Information Plan Assets and Liabilities	. 7a	SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year								
а	rt III Financial Information Plan Assets and Liabilities Total plan assets	. 7a . 7b	SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year								
a b	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	. 7a . 7b	SF and must instead use Form 55 (a) Beginning of Year 58,89	00.	(b) End of Year 74,348								
a b c	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a . 7b . 7c	(a) Beginning of Year 58,89 58,89 (a) Amount	91	(b) End of Year 74,348								
a b c	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1)	(a) Beginning of Year 58,89 58,89 (a) Amount	00.	(b) End of Year 74,348								
a b c	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 58,89 58,89 (a) Amount	00.	(b) End of Year 74,348								
8 a	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74,348								
a b c 8 a	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b	(a) Beginning of Year 58,89 58,89 (a) Amount	91	(b) End of Year 74, 348 74, 348 (b) Total								
8 a	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b	(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74,348								
a b c 8 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits).		(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74, 348 74, 348 (b) Total								
a b c 8 a b c d e	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions)		(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74, 348 74, 348 (b) Total								
a b c 8 a b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)		(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74, 348 74, 348 (b) Total								
a b c b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)		(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74,348 74,348 (b) Total								
a b c 8 a b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)		(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74,348 74,348 (b) Total								
a b c b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8e 8f 8g 8h 8i	(a) Beginning of Year 58,89 (a) Amount 3,72	91	(b) End of Year 74,348 74,348 (b) Total								

	Form 5500-SF 2010 Page 2-						
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Pla	in Character	istic Co	des in	the instruction	ns:	
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	n Characteris	stic Co	des in	the instruction	ıs:	
Part	V Compliance Questions						
10	During the plan year:				Ar	nount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report in 10a.)			Х			
C	Was the plan covered by a fidelity bond?	10с		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carriensurance service or other organization that provides some or all of the benefits under the plan? (Sinstructions.)	ee .	Х				193
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	··· 10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500))						X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e Code or se	ection :	302 of	ERISA?	Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to i	ine 13.	Г				
b	Enter the minimum required contribution for this plan year			12b	ļ		
_	Enter the amount contributed by the employer to the plan for this plan year	the left of a		12c 12d			
_	negative amount)		-		Yes 🗆	No [N/A
Part	045(1988)			•••••		140	1477
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
ısa	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	_		23 110
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?	rought under	r the co	ontrol	· [Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
			٠				
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless rear						

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Charles Labor			4	Charles Leder
HERE	Signature of plan administrator	Date 7/	/3/	//	Enter name of individual signing as plan administrator
SIGN	Thanks & Leder	7	7	Λ	Charles Leder
HERE	Signature of employer/plan sponsor	Date 7	13/	11	Enter name of individual signing as employer or plan sponsor
			- 7		