

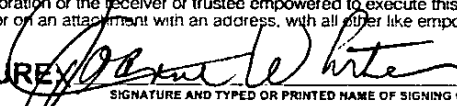


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 745936						FILED 06 NOV 22 PM 3:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name L'HERMITAGE OWNERS ASSOCIATION, INC.									
Principal Place of Business 2000 SOUTH BAYSHORE DRIVE MIAMI, FL 33133		Mailing Address 2000 SOUTH BAYSHORE DRIVE MIAMI, FL 33133		 10242006 Chg-NP CR2E037 (4/06)					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 59-2089772		Applied For <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SWEENEY, JAMES MR. 2000 SOUTH BAYSHORE DRIVE MIAMI, FL 33133				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PRES MILLER, MARTIN MR. <input type="checkbox"/> Delete				TITLE	PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					NAME	HUERTA, ISIDRO MR.			
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, VILLA #11				STREET ADDRESS	2000 SOUTH BAYSHORE DR. VILLA #32			
CITY-ST-ZIP	MIAMI, FL 33133				CITY-ST-ZIP	MIAMI, FL 33133			
TITLE	VP <input type="checkbox"/> Delete				TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	WHITE, JOANNE MR.				NAME	ROSE, AL MR.			
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, VILLA #07				STREET ADDRESS	2000 SOUTH BAYSHORE DR VILLA #34			
CITY-ST-ZIP	MIAMI, FL 33133				CITY-ST-ZIP	MIAMI, FL 33133			
TITLE	S <input type="checkbox"/> Delete				TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GRETCHEN, TUNKEY MRS.				NAME	GARCIA, NATALIE MRS			
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, VILLA #65				STREET ADDRESS	2000 SOUTH BAYSHORE DR. VILLA #69			
CITY-ST-ZIP	MIAMI, FL 33133				CITY-ST-ZIP	MIAMI, FL 33133			
TITLE	D <input type="checkbox"/> Delete				TITLE				
NAME	MOORE, MARCHANT				NAME				
STREET ADDRESS	2000 SOUTH BAYSHORE DR.				STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33133				CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete				TITLE				
NAME	MIQUEL, J.P. DR.				NAME				
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, VILLA #35				STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33133				CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete				TITLE				
NAME	BIONDI, WILLIAM				NAME				
STREET ADDRESS	2000 SOUTH BAYSHORE DR. #39				STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33133				CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE 					Date Mrs JOANNE WHITE VP. 10/24/06 305-854-7548				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					<small>Date</small>				