


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000016055</b> 1. Entity Name 150 NE 41 ST., L.L.C.	
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Principal Place of Business 3930 N E 2ND AVE #107 MIAMI FL 33137	Mailing Address 3930 NE 2ND AVE., STE. 107 MIAMI FL 33137
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	

1st MOORE      CR2E083 (10/05)

4. FEI Number <b>65-1067465</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, JUAN E  
 80 SW 8TH ST., ST 2550  
 MIAMI FL 33130

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	P	<input type="checkbox"/>
NAME	ROSEN, NEIL	
STREET ADDRESS	3930 NE 2ND AVE., STE. 107	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/>
NAME	ROSEN, ELIZABETH	
STREET ADDRESS	3930 NE 2ND AVE., STE. 107	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Add
TITLE	U00000490390	<input type="checkbox"/>	<input type="checkbox"/>
NAME	04/18/06-80053-024 50.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 608, Florida Statutes.

SIGNATURE: ELIZABETH ROSEN *Elizabeth Rosen*      03/39/06      305-576-5900