


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000003141	
1. Entity Name 2601 ASSOCIATES, LLC	

Principal Place of Business 4825 SOUTH LECLAIRE CHICAGO, IL 60638	Mailing Address 2601 COLLINS AVENUE MIAMI BEACH, FL 33140
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**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 36-4425116	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQUIRE  
 2999 N.E. 191ST STREET  
 SUITE 900  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 6, 2006**

U00000568496  
07/07/06-80011-009 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIORANGO, MICHAEL 2601 COLLINS AVENUE AVENTURA, FL 33180
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11. 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 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: Michael Giorango      Date: 7/5/06      Daytime Phone #: 773-972-0869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE