


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000033945 1. Entity Name 2526 N.E. 191 ST. LLC	
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Principal Place of Business 2526 NE 191 ST NORTH MIAMI BEACH FL 33180	Mailing Address 1925 NE 193 ST NORTH MIAMI BEACH FL 33179
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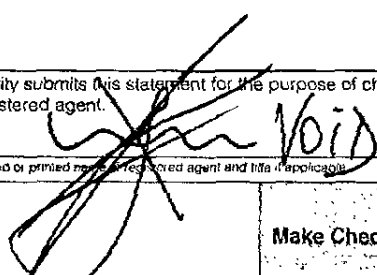
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3763686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BROMBERG, NESTOR 1925 NE 193RD ST. NORTH MIAMI BEACH FL 33179	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) 2/19/06

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMBERG, NESTOR	NAME	
STREET ADDRESS	1925 NE 193RD ST.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	CITY-ST-ZIP	
			L020000445134 03/07/06-80031-019 50.00
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMBERG, SYLVIA	NAME	
STREET ADDRESS	1925 NE 193 ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  2/19/06 (305) 933-6968