

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054472

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: NEIL JOSEPH HOLDINGS LLC

**Current Principal Place of Business:**

5295 TOWN CENTER ROAD, SUITE 200  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5295 TOWN CENTER ROAD, SUITE 200  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLD, STUART M  
8180 N.W. 36TH STREET, SUITE 100  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

GOLD, STUART M  
6625 MIAMI LAKES DRIVE  
217  
MIAMI, FL 33014 US

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.

SIGNATURE: \_\_\_\_\_ 03/15/2006  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHUSTER, ERROL  
Address: 5295 TOWN CENTER ROAD, SUITE 200  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: MOORE, NEIL J  
Address: 5295 TOWN CENTER ROAD, 200  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: KRAMER, CECIL M  
Address: 5295 TOWN CENTER ROAD, SUITE 200  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: YEMENIDJIAN, JOSEPH  
Address: 5295 TOWN CENTER ROAD, SUITE 200  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEIL J MOORE                      MR.                      03/15/2006  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date