## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000016094

Entity Name: GARFIELD ONE, LLC

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 547280 PO BOX 630583 SURFSIDE, FL 33154 PO BOX 630583 MAIMI, FL 33163

Current Mailing Address: New Mailing Address:

PO BOX 547280 PO BOX 630583 SURFSIDE, FL 33154 PO BOX 630583 MIAMI, FL 33163

FEI Number: 20-0729704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ALLEN, LAURIE

1000 ISLAND BLVD., UNIT 201

AVENTURA, FL 33160 US

FEINSTEIN, BRETT

407 LINCOLN ROAD

2 A

MIAMI BEACH, FL 33139 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: BRETT FEINSTEIN 04/24/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 ALLEN, LAURIE
 Name:
 ALLEN, LAURIE

 Address:
 PO BOX 547280
 Address:
 PO BOX 630583

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:
 MIAMI, FL 33163

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: SILVERSTEIN, FRANK Name: SILVERSTEIN, FRANK

 Address:
 PO BOX 547280
 Address:
 PO BOX 630583

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:
 MIAMI, FL 33163

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: FRANK SILVERSTEIN MM 04/24/2006