

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026098

FILED
Jan 09, 2006
Secretary of State

Entity Name: 191 NW 11 STREET, LLC

Current Principal Place of Business:

8603 SOUTH DIXIE HIGHWAY
211
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

8603 SOUTH DIXIE HIGHWAY
211
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 20-0970721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMOLER, BRUCE SR.
2611 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE LEON, CARLOS SR.
Address: 6111 SW 86 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: MGR () Delete
Name: ZOSMAN, OFER SR.
Address: 11012 SW 80 AVENUE
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM () Delete
Name: WATERHOUSE DEVELOPME, NT CORP.
Address: 8603 SOUTH DIXIE HIGHWAY #211
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE LEON, CARLOS SR.
Address: 5860 SW 87 STREET
City-St-Zip: MIAMI, FL 33143 US

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: CARLOS DELEON

MGR

01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date