


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90028 032 \*\*\*\*50.00

**DOCUMENT # L04000054872**

1. Entity Name  
 PIER 43, L.L.C.



Principal Place of Business  
 1930 HARRISON STREET, STE. 202  
 HOLLYWOOD, FL 33020

Mailing Address  
 1930 HARRISON STREET, STE. 202  
 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**



01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1451933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GAMBURD, DANIEL  
 1930 HARRISON STREET, STE. 202  
 HOLLYWOOD, FL 33020

**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.

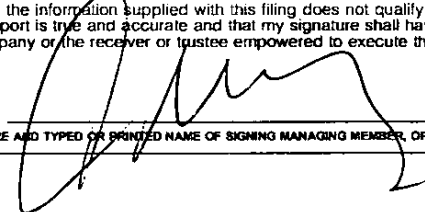
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOBERMAN, PABLO 1930 HARRISON STREET, STE. 202 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMBURD HOLDINGS, L.L.C. 1930 HARRISON STREET, STE. 202 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAWA 2, LLC. 1930 HARRISON STREET, STE. 202 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROST, CARLOS FERNAND 1930 HARRISON STREET, STE. 202 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TELIAS, JULIAN 1930 HARRISON STREET, STE. 202 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COTTON, ALBERTO ANDRES 1930 HARRISON STREET, STE. 202 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**

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:**  **4/25/06** **786-282-6703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #