


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000063028</b> 1. Entity Name PARIS VENTURES, LLC	
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Principal Place of Business 4747 COLLINS AVENUE 516 MIAMI BEACH, FL 33140	Mailing Address 4747 COLLINS AVENUE 516 MIAMI BEACH, FL 33140
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**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 45-0505312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

LIEBER, OREN ESQ.  
555 NE 15TH STREET  
100  
MIAMI, FL 33132

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARL, ARI 4747 COLLINS AVENUE, SUITE 516 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPITZER, ARI 4747 COLLINS AVENUE, SUITE 516 MIAMI BEACH, FL 33140
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000000418987  
02/14/06-80029-011 50.00

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 606, Florida Statutes.

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