

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000067273**

1. Entity Name  
 2125 IXORA, L.L.C.



Principal Place of Business  
 1930 HARRISON STREET, SUITE #502  
 HOLLYWOOD, FL 33020

Mailing Address  
 1930 HARRISON STREET, SUITE #502  
 HOLLYWOOD, FL 33020



01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1636002	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

SHER, MICHAEL  
 1930 HARRISON STREET, SUITE #502  
 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	MGRM
NAME	BENENSON, ALAN
STREET ADDRESS	1930 HARRISON STREET SUITE 502
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	MGRM
NAME	SHER, MICHAEL
STREET ADDRESS	1930 HARRISON STREET SUITE 502
CITY-ST-ZIP	HOLLYWOOD, FL 33020

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000000439481  
 03/02/06-80001-024 50.00

**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 808, Florida Statutes.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

1/26/06

Date

954-927-2717

Daytime Phone #