


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90346 017 \*\*\*\*55.00

**DOCUMENT # L04000077560**

1. Entity Name  
**CIGAR 26, LLC**



Principal Place of Business  
**C/O CHARLES J. GOLDMAN  
 804 OCEAN DRIVE, 2ND FLOOR  
 MIAMI BEACH, FL 33139**

Mailing Address  
**C/O CHARLES J. GOLDMAN  
 804 OCEAN DRIVE, 2ND FLOOR  
 MIAMI BEACH, FL 33139**

40020884



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02222005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
**20-1793660**

Applied For  
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

**LEVINSON, EDWARD E ESQ.  
 407 LINCOLN ROAD, PH-SE  
 MIAMI BEACH, FL 33139**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, CHARLES J 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** CHARLES J. Goldman **3/3/05** **(305) 531-4411**

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