2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90176 006 ****55.00



01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1793660

Applied For Not Applicable

5. Certificate of Status Desired

><\ \}

\$5.00 Additional Fee Required

- - G. Name and Address of Current Registered Agent ----

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

		IN THIS SPACE
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_		
SIGNATORE-	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating) , DATE
	ling Fee is \$50.00 ue by May 1, 2006	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (***) COLDMAN, CHARLES J 80 DOCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME · · · · · STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE