

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90171 026 \*\*\*\*50.00

**DOCUMENT # L04000081346**  
 1. Entity Name  
 1951 NW SOUTH RIVER DRIVE, LLC



Principal Place of Business 18911 COLLINS AVENUE #405 SUNNY ISLES, FL 33160	Mailing Address 18911 COLLINS AVENUE #405 SUNNY ISLES, FL 33160
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20005201



**DO NOT WRITE IN THIS SPACE**

01242006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1859497	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  
 HART, DAVID J ESQ  
 21 S.E. 1 AVENUE, 10TH FLOOR  
 MIAMI, FL 33131

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDENAS, LUIS 18911 COLLINS AVENUE #407 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, FERNANDO 18911 COLLINS AVENUE #407 SUNNY ISLES, FL 33160
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**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:** \_\_\_\_\_ *[Signature]* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02-02-06 305 545 6401  
 Date Daytime Phone #