

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90061 046 ****50.00

DOCUMENT # L05000002694

1. Entity Name
1135 S. STATE ROAD, LLC



Principal Place of Business
C/O JEROME E. GOLDMAN
4521 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

Mailing Address
C/O JEROME E. GOLDMAN
4521 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

2. Principal Place of Business
20281 E. COUNTRY CLUB
Suite, Apt. #, etc.
1401

3. Mailing Address
20281 E. COUNTRY CLUB
Suite, Apt. #, etc.
1401



04192006 Chg-LLC CR2E083 (11/05)

City & State
AVENTURA, FL
Zip 33180
~~33021~~

City & State
AVENTURA FL
Zip 33180
Country

4. FEI Number
20-2236754
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, JEROME E
4521 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
MARTIN BLOOM
Street Address (P.O. Box Number is Not Acceptable)
20281 E COUNTRY CLUB DR #1401
City AVENTURA FL Zip Code 33180

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 MARTIN BLOOM 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGR
BLOOM, MARTIN
STREET ADDRESS 4521 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 20281 E. COUNTRY CLUB DR #1401
CITY-ST-ZIP AVENTURA, FL 33180 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: MARTIN BLOOM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/24/06 Daytime Phone # 746-495 2035