

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011684

Entity Name: EF ASSOCIATES LLC

FILED  
Apr 20, 2006  
Secretary of State

**Current Principal Place of Business:**

19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180

**New Principal Place of Business:**

19950 WEST COUNTRY CLUB DRIVE  
TENTH FLOOR  
AVENTURA, FL 33180

**Current Mailing Address:**

19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180

**New Mailing Address:**

19950 WEST COUNTRY CLUB DRIVE  
TENTH FLOOR  
AVENTURA, FL 33180

FEI Number: 20-2272819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEDER, ERIC  
19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

FEDER, ERIC  
19950 WEST COUNTRY CLUB DRIVE  
TENTH FLOOR  
AVENTURA, FL 33180 US

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.

SIGNATURE: \_\_\_\_\_

04/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FEDER, ERIC  
Address: 19501 BISCAYNE BOULEVARD, SUITE 400  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FEDER, ERIC  
Address: 19950 WEST COUNTRY CLUB DRIVE, TENTH FLOOR  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC FEDER

MGRM

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date