


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000022622</b>	
<b>1. Entity Name</b> OP 206 & 306, LLC	

<b>Principal Place of Business</b> 666 71ST ST MIAMI BEACH, FL 33141	<b>Mailing Address</b> 666 71ST ST MIAMI BEACH, FL 33141
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-LLC CR2E083 (12/07)

<b>4. FEI Number</b> 20-2525645	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

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

ROUSSO, MARK E ESQ  
 18851 NE 29TH AVE, STE 900  
 AVENTURA, FL 33180

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> MGR	<b>NAME</b> LIPS, ALAN
<b>STREET ADDRESS</b> 666 71ST ST	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33141
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

000000849578  
 03/21/08-80025-016 138.75

**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:**  **3/3/08** **305-868-3600**

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