

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064874

**FILED**  
**Feb 13, 2006**  
**Secretary of State**

**Entity Name:** TARGET MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

13315 N.E. 6TH AVENUE, APT. 1/OFFICE  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

13315 N.E. 6TH AVENUE, APT. 1/OFFICE  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 04-3819191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEINBERG, HEFFREY ESQ  
4000 HOLLYWOOD BLVD., STE. 350-N  
HOLLYWOOD, FL 33021 US

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

FEINBERG, JEFFREY ESQ  
4000 HOLLYWOOD BLVD., STE. 350-N  
HOLLYWOOD, FL 33021 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: JEFFREY FEINBERG, ESQ.

02/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: COHEN, CHERYL  
Address: 13315 NE 6 AVE, OFFICE #1  
City-St-Zip: NOPRTH MIAMI, FL 33161 US

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: CHERYL COHEN

P

02/13/2006

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