


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000100905

1. Entity Name
1190 MEADOW LARK AVE., LLC



Principal Place of Business — Mailing Address

**550 HUNTING LODGE DRIVE
 MIAMI SPRINGS FL 33166** **550 HUNTING LODGE DRIVE
 MIAMI SPRINGS FL 33166**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**JONATHAN H. GREEN & ASSOCIATES, P.A.
 799 BRICKELL PLAZA
 SUITE 700
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS **10. ADDITIONS/CHANGES**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUPER NOVA PROPERTIES, LTD. 550 HUNTING LODGE DRIVE MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000517147 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/01/06-80031-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 