


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90109 004 ****50.00

DOCUMENT # L05000122438 1. Entity Name 400-431 81ST. STREET, LLC	
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Principal Place of Business 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	Mailing Address 5860 PINETREE DRIVE MIAMI BEACH, FL 33110
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2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zip	Country	Zip	Country		

08232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 204001449	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CARLOS
5860 PINETREE DRIVE
MIAMI BEACH, FL 33110

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

Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete	
NAME	GARCIA, CARLOS & YASMIN, AS TEN. BY ENT.	
STREET ADDRESS	5860 PINETREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33110	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **8/23/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #