

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001900

1. Entity Name
 136 COLLINS AVENUE, L.C.



Principal Place of Business
 136 COLLINS AVE.
 MIAMI BEACH, FL 33139

Mailing Address
 136 COLLINS AVE.
 MIAMI BEACH, FL 33139



03222005No Chg-LLC CR2E083 (10/03)

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4. FEI Number 65-0885056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, ALAN W
 1110 BRICKELL AVENUE, 7TH FLOOR
 MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, ROMAN 1110 BRICKELL AVE., 7TH FLOOR MIAMI BEACH, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILON, ERIC 222 S COCONUT LANE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILON, FRANCIS 690 NE 50 TERRACE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] Date: 4/14/05 Daytime Phone #: 305-992-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE