


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90016 009 \*\*\*\*50.00

**DOCUMENT # L98000003213**

1. Entity Name  
 2494 IOWA L.L.C.



Principal Place of Business 75 NE 6TH AVE SUITE 103 DELRAY BEACH, FL 33483	Mailing Address 75 NE 6TH AVE SUITE 103 DELRAY BEACH, FL 33483
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**DO NOT WRITE IN THIS SPACE**

04122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number **65-0954508** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, NORMAN S  
 75 NE 6TH AVE  
 SUITE 103  
 DELRAY BEACH, FL 33483

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

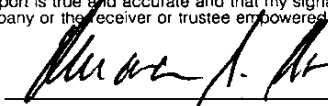
**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMOLEV, IRA 925 SO FEDERAL HWY, STE 175 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTEIN, NORMAN S 75 NE 6TH AVE #103 DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  Norman S. Weinstein, Manager 4/13/06 561-278-9292

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