


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90178 001 ****50.00

DOCUMENT # L03000004632

1. Entity Name
2909 VISTAMAR, LLC



Principal Place of Business
ATTN: PAUL JOHNSON
1164 EAST OAKLAND PARK BLVD. SUITE 300
OAKLAND PARK, FL 33334

Mailing Address
ATTN: PAUL JOHNSON
1164 EAST OAKLAND PARK BLVD. SUITE 300
OAKLAND PARK, FL 33334

2. Principal Place of Business
2909 VISTAMAR

3. Mailing Address
710 N BIRCH ROAD

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL

City & State
FT LAUDERDALE FL

Zip
33304

Country



02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0596422

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DEBENEDICTIS, ROBERT M
ATTN: PAUL JOHNSON
1164 EAST OAKLAND PARK BLVD. SUITE 300
OAKLAND PARK, FL 33334

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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBENDICLIS, ROBERT <input type="checkbox"/> Delete 227 E. 56 STREET SUITE 400 NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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  **2-16-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #