

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
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2. Principal Place of Business 2909 VISTAMAR	3. Mailing Address 710 N BIRCH ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33304	Country
Country	Zip 33304



02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0596422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBENDICIS, ROBERT 227 E. 56 STREET SUITE 400 NEW YORK, NY 10022 <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
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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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

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 2-16-06	Daytime Phone #
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