

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90031 038 ****50.00

DOCUMENT # L04000086828

1. Entity Name
LDC CENTRAL FLORIDA VENTURES, LLC



Principal Place of Business
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1950918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, ROSA ECKSTEIN ESQ
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

**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 _____

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

(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
MGR
STERN, RODOLFO
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

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 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: _____

Rodolfo Stern

4/5/06

(305) 461-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #