2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088605

City-St-Zip:

SUNNY ISLES, FL 33160

Entity Name: 1830 SOUTH OCEAN DRIVE 1706 LLC

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
300 BAYVI	IEW DRIVE			
407	1 ES EL 22160			
SUMMY 1S	LES, FL 33160			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
407	IEW DRIVE			
FEI Number:	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Nama and	Address of Current Begistered Agent	Name and Address o	f Now Posistored Asent:	
Name and	I Address of Current Registered Agent	: Name and Address o	f New Registered Agent:	
M24	ODRIGO E ISLAND BLVD ALE BEACH, FL 33009 US			
	named entity submits this statement for the of Florida.	he purpose of changing its registered	d office or registered agent, or both	
SIGNATUI				
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete PENAS, RODRIGO 500 THREE ISLAND BLVD, APT. M24 HALLANDALE BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete MENENDEZ, CLAUDIA 300 BAYVIEW DRIVE, APT. 407 SUNNY ISLES, FL 33160	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete PENAS, JUAN 2500 PARKVIEW DRIVE APT. 1907 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete ALVAREZ, GUIDO 19380 COLLINS AVENUE APT. 518 N. MIAMI BEACH, FL 33160	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	MGR () Delete MENENDEZ, JOCELYN 300 BAYVIEW DRIVE APT, 407	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: RODRIGO PENAS PSDT 04/29/2006