

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90029 041 ****50.00

DOCUMENT # L05000070669

1. Entity Name
2606-D PARAMOUNT BEACH, LLC



Principal Place of Business
18851 NE 29TH AVENUE, SUITE 900
AVENTURA, FL 33180

Mailing Address
18851 NE 29TH AVENUE, SUITE 900
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

P.O. Box 611510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FLA.

Zip

Country

33261-1510

U.S.A.

04192006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3174988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ.
18851 NE 29TH AVENUE, SUITE 900
AVENTURA, FL 33180

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GROSSKOPF, MANUEL ☐ Delete
STREET ADDRESS 18851 NE 29TH AVENUE, SUITE 900
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR
NAME FISCHER, WALTER ☐ Delete
STREET ADDRESS 18851 NE 29TH AVENUE, SUITE 900
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #