2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90019 008 ***150.00

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1. Entity Name
THIRTY FIVE NORTH MIAMI, L.L.C.

Principal Place of Business	Mailing Address
2 NE FIRST ST MIAMI, FL 33132	2 NE FIRST ST MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

03212006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1018260
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATES, LESTER G ESQ
807 GABLES INTERNATIONAL PLAZA
2655 LEJEUNE ROAD
CORAL GABLES, FL 33134

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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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GOMEZ, ELIZABETH HORTA
STREET ADDRESS	2 NE. 1ST ST
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	MGRM
NAME	HORTA, DELIA
STREET ADDRESS	2 NE FIRST ST
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ Elizabeth Gomez 3/24/06 305-372-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #