

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90045 024 \*\*\*138.75

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04182008 Chg-LLC CR2E083 (12/06)

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L05000070669</b><br>1. Entity Name<br>2606-D PARAMOUNT BEACH, LLC  |   |  |   |   |  |
| Principal Place of Business<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   |   |  | Mailing Address<br>POB 611510<br>MIAMI, FL 33261-1510 |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.        |   |   |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country                 |   | 4. FEI Number<br><b>20-3174988</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |   | 6. Name and Address of Current Registered Agent<br><br>ROUSSO, MARK E ESQ.<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | Make check payable to<br>Florida Department of State |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES                                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GROSSKOPF, MANUEL<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180 | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FISCHER, WALTER<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FISCHER, WALTER<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FISCHER, WALTER<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FISCHER, WALTER<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FISCHER, WALTER<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   | <input type="checkbox"/> Delete                      |   |   |  |
| 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: <div style="float: right; text-align: right;"> <b>4/25/08</b>    <b>786-253-2386</b><br/> <small>Date      Daytime Phone #</small> </div>   |   |  |   |   |  |