

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90060 044 ***158.75



DOCUMENT # 226777
 1. Entity Name
LITTLE RIVER COOPERATIVE APARTMENTS, INC.

Principal Place of Business Mailing Address
60 N.W. 79TH STREET **60 N.W. 79TH STREET**
MIAMI FL 33150 **MIAMI FL 33150**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-0967455 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARON, CLAUDE
60 NW 79TH ST # 31
MIAMI FL 33150

7. Name and Address of New Registered Agent
 Name **BEGIN GUY**
 Street Address (P.O. Box Number is Not Acceptable)
60 N.W. 79TH STREET # 14
 City **MIAMI** FL **33150**

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]* DATE **2/14/2006**
(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Delete GELINAS, HILARION 60 NW 79TH STREET 9 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete HALLE, MICHELINE 60 N.W. 79 STREET #15 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BOUCHARD, MARCEL 60 NW79 TH STREET, 26 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GARON, CLAUDE 60 NW 79TH STREET #31 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete CROSETIERE, ROBERT 60 NW 79TH STREET APT 23 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GELINAS HILARION 60 NW. 79TH STREET #9 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BEGIN GUY 60 N.W. 79TH STREET #14 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARON CLAUDE 60 N.W. 79TH STREET #31 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTINEAU JACQUES 60 N.W. 79 TH STREET #19 MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **2/14/2006** DAYTIME PHONE # **305-759-5707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR