


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000417</b> 1. Entity Name TRIBECA, L.L.C.	
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Principal Place of Business 1935 WEST AVE SUITE 203 MIAMI BEACH, FL 33139	Mailing Address 1935 WEST AVE SUITE 203 MIAMI BEACH, FL 33139
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01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0973316	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD., #265-S HOLLYWOOD, FL 33021
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWALD, ANDREA 1935 W AVE #203 MIAMI BEACH, FL 33139
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<p>1000000404290 02/06/06-80039-019 55.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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: Andrea Greenwald 1.23.06 (305) 604-6005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #