
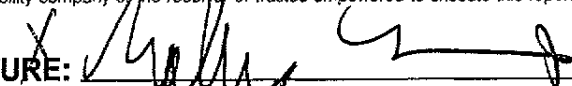


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000004249 1. Entity Name TWO-O-THIRD AVENTURA LLC.		
Principal Place of Business 2627 N.E. 203RD STREET STE 118 AVENTURA, FL 33180	Mailing Address 2627 N.E. 203RD STREET STE 118 AVENTURA, FL 33180	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS 515 E. PARK AVE. TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1100000404086 02/06/06-80033-001 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ROSS, JORDON 3000 ISLAND BLVD. AVENTURA, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LEWINGER, NATHAN 2600 ISLAND BLVD. #2906 AVENTURA, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LEWINGER, SARA T 2600 ISLAND BLVD. #2906 AVENTURA, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Nathan Lewinger		1/18/06 305-932-020 <small>Date Daytime Phone #</small>



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2255295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	