

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90202 036 ****50.00

DOCUMENT # L00000008165

1. Entity Name
CRUISE CONTROL HOLDINGS, L.L.C.



Principal Place of Business
**960 ALTON ROAD
MIAMI BEACH, FL 33139**

Mailing Address
~~**1500 SAN REMO AVE #176
CORAL GABLES, FL 33146**~~

2. Principal Place of Business

3. Mailing Address
866 South Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
~~**Coral Gables, FL**~~

Zip

Country

Zip

Country

33146

USA

01312006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1022497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, JEFFERY C ESQ
1500 SAN REMO AVE SUITE 170
CORAL GABLES, FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)
866 S. Dixie Hwy.

City

Coral Gables

FL

Zip Code

33146

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

1/31/06

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEVINE, PHILIP
1425 N. VIEW DRIVE
MIAMI BEACH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**866 S. Dixie Hwy.
Coral Gables, FL 33146** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/06

305-673-9500

Date

Daytime Phone #