


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90025 029 ****50.00

DOCUMENT # L00000008915	
1. Entity Name C & A 1560, L.L.C.	

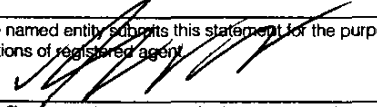
Principal Place of Business 1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146	Mailing Address 1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146
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2. Principal Place of Business 7301 SW 57th Court Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip 33143 Country Miami Dade	3. Mailing Address 7301 SW 57th Court Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip 33143 Country Miami Dade
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04252006 Chg-LLC CR2E083 (11/05)

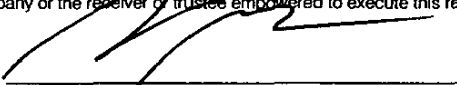
6. Name and Address of Current Registered Agent BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD., STE. 265-S HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57th Court - Suite 565 City South Miami FL Zip Code 33143
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8. 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 	DATE 4/26/06
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWALD, SCOTT 7301 SW 57 COURT, SUITE 565 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE 4.26.2006	DAYTIME PHONE # 305-667-2225
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