## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT					Secretary of State			
DOCUMENT # L00000008915						ry 01 Sta 0025 029 ****50.1		
1. Entity Nam C & A 156					01202000	00 <b>2</b> 0 0 <b>2</b> 9 00.		
Principal Plac	e of Business	Mailing Address	L	<del></del>				
1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146		1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146						
Principal P	tace of Business SW 5/140/0744	3. Mailing Address	Mailing Address 130 SW574h Court					
Suite, Apt.	#, etc. t < 565	Suite, Apt, #, etc.		0425200	06 Chg-LLC	CR2E083 (11/05)		
SANG Many FL		South Mani PL		4. FEI NU - 65-1	mber 035803	<del> </del>	pplied For ot Applicable	
スラノル	3 Michani Dride	33/43 X	Country Nami	5. Certific	cate of Status Desired	□ \$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent Name					and Address of New R	legistered Agent		
BROWN, GARY LESQ.								
	LYWOOD BLVD., STE. 265-S DOD, FL 33021		Street Address (F			P.O. Box Number is Not Acceptable)		
13				SW57	to Cours-S	Seute 565		
Cip City I					ni	FL Z	43	
8. The above named entity adherits this statement of 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 reinstading)  DATE								
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	GREENWALD, SCOTT 7301 SW 57 COURT, SUITE 565		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS		•	STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition	
NAME		LJ Deige	NAME			C crange	[_] Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				!	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS				;	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delate	TITLE NAME			Change	☐ Addition	
STREET ADDRESS		•	STREET ADDRESS					
TITLE		☐ Delete	CTTY-ST-ZIP			Change	☐ Addition	
NAME		LJ Delete	NAME			∟ cualitie	T VOCATION	

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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

4.26.200b

20.001.00s