2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L00000010029

Entity Name: INDEPENDENCE GARAGE, LLC

Current Principal Place of Business:

C/O A.I. BOYMELGREEN
700 PACIFIC STREET
BROOKLYN, NY 11217

New Principal Place of Business:

C/O A.I. BOYMELGREEN
3050 BISCAYNE BLVD., SUITE 700
MIAMI, FL 33137

Current Mailing Address:

C/O A.I. BOYMELGREEN
700 PACIFIC STREET
BROOKLYN, NY 11217

New Mailing Address:

C/O A.I. BOYMELGREEN
3050 BISCAYNE BLVD., SUITE 700
BROOKLYN, NY 11217

FEI Number: 11-3562158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HELLINGER, ANDREW B ESQ
200 SO BISCAYNE BLVD STE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PENABAD, CORALEE G ESQ
3050 BISCAYNE BLVD.
700W
MIAMI, FL 33137 US

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.

SIGNATURE: CORALEE G. PENABAD 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OLYMPIA FLORIDA LLC,
Address: 700 PACIFIC STREET
City-St-Zip: BROOKLYN, NY 11217

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JESHAYAHU BOYMELGREEN M 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date