2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000011216

1. Entity Name

SUNNY ISLES LUXURY VENTURES, L.C.



FILED

... May 01, 2006 08:00 Al

Secretary of State

Principal Place of Business

18001 COLLINS AVE 31ST FLOOR

31ST FLOOR SUNNY ISLES BEACH, FL 33160 Mailing Address

18001 COLLINS AVE 31ST FLOOR

SUNNY ISLES BEACH, FL 33160



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2572364

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIR SUITE 601 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
THTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZER, GIL 18001 COLLINS AVE SUNNY ISLES BEACH, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000550585 05/13/06-80066-012 50. 00
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TITLE NAME		· · · · · · · · · · · · · · · · · · ·	

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: Slouldon

STREET ADDRESS CITY - ST-ZIP

STREET ADDRESS CITY-ST-ZIP

1-Salman

4108/01

212.929.1285×246

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

Date

Daytime Phone #