

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003474

FILED
May 01, 2006
Secretary of State

Entity Name: IVES DAIRY CROSSINGS, LLC

Current Principal Place of Business:

19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 52-2298342 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:

ROMINE, MARIO A
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

HARTGLASS, LORI R
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180 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: LORI R. HARTGLASS

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOFFER, JEFFREY
Address: 19501 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SOFFER, JACQUELYN
Address: 19501 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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: JEFFREY SOFFER

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date