2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90019 022 ****50 00

1. Entity Name LUCHNICK M PROPERTIES, LLC					04-12-2006 90019 022 ******50.00				
Principal Place	of Business	Mailing Address							
20940 NE 37TH COURT AVENTURA, FL 33180		20940 NE 37TH COURT AVENTURA, FL 33180							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092006	Chg-LLC	CR2E083			
City & State		City & State			4. FEI Numbe 65-1084	4836 Not Appli			plied For Applicable
Zip	Country	Zip	Zip Country		5. Certificate	cate of Status Desired			
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
LUCHNICK, ALAN T 20940 NE 37TH COURT				Street Address (P.O. Box Number is Not Acceptable)					
	A, FL 33180								
			City				FL	Zip Code)
	named entity submits this statement friends of registered agent.	or the purpose of changing its r	registered	office or register	ed agent, or bot	h, in the State of Fic	orida. I am far	niliar with, a	and accept
SIGNATURE .	•		S		(ustano coinstatina)		DATE	 	
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	: Hegistered A	agent signature required	s when reinstating)	<u>.</u>			
	ling Fee is \$50.00 ue by May 1, 2006						e check pay a Departmer		•
9.	MANAGING MEMB		10.			ADDITIONS		Change	Addition
NAME	MGRM LUCHNICK, ALAN	☐ Detete	TITLE NAME				,	onangc	
STREET ADDRESS CITY-ST-ZIP	20940 NE 37TH COURT AVENTURA, FL 33180		STREET CITY-S1	ADDRESS 1-ZIP					
TITLE	MGRM	☐ Delete	TITLE				(Change	☐ Addition
NAME OFFICE APPRECE	LEAVITT, LAUREN 421 20TH ST		NAME	ADORESS					
STREET ADDRESS CITY-ST-ZIP	SANTA MONICA, CA 90402		CITY-S	I					
TITLE		☐ Delete	TITLE				1	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					ĺ
CITY-ST-ZIP			CITY-S	51 - ZIP					
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	ST- ZiP	.			☐ Change	Addition
TITLE NAME	☐ Delete 11/1 NA							change	
STREET ADORESS			STREET CITY-S	T ADDRESS					
CITY-ST-ZIP		☐ Delete	TITLE	51-217				Change	☐ Addition
NAME		<u> </u>	NAME						
STREET ADDRESS CITY-ST-ZIP		,	STREET CITY-S	T ADDRESS ST-ZIP					
44 14 1	certify that the information supplied w from this report is true and accurate an	ith this filing does not quality or and that my signature shall have	the experi	ntions contained	in Chapter 119, made under oath	Florida Statutes. I in that I am a mana Statutes.	further certify Iging member	that the info	ormation er of the
11. Thereby certify that the information supplied with this filling due to that it is a stress that the information supplied with this filling due to that it is a stress that 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 609. Florida statutes. SIGNATURE:									
SIGNA	IUKE: <u>~/ /////</u>	/ WALLUM /	1/-		/ 	<u> </u>	<u> </u>	~ ~~	// /