

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90054 017 \*\*\*\*50.00

**DOCUMENT # L01000005726**

1. Entity Name  
T.Y.R.A. PROPERTIES, LLC



Principal Place of Business  
1420 BISCAYNA DR  
MIAMI, FL 33154

Mailing Address  
1420 BISCAYNA DR  
MIAMI, FL 33154

2. Principal Place of Business  
696 NE 125 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
696 NE 125 ST.  
Suite, Apt. #, etc.



01162006 Chg-LLC CR2E083 (11/05)

City & State  
NORTH MIAMI, FL  
Zip  
33161-5546  
Country  
USA

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NORTH MIAMI, FL  
Zip  
33161-5546  
Country  
USA

4. FEI Number  
65-1095500  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SILVER, SCOTT A  
SILVER, GARVETT & HENKEL, P.A.  
1110 BRICKELL AVE. - PH ONE  
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P	<input type="checkbox"/> Delete
NAME	IZHAK, VORAM	
STREET ADDRESS	3279 NW 36 STREET	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CABRERIZO, TOM	
STREET ADDRESS	3279 NW 36 STREET	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

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

Date

Daytime Phone #

1/16/06