

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006266

Entity Name: DALIA-MINT, LLC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

1930 HARRISON STREET
SUITE 505
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1930 HARRISON STREET
SUITE 505
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-1102875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, STEVEN B
1930 HARRISON STREET
SUITE 505
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERMAN REAL ESTATE C, ORPORATION
Address: 1930 HARRISON STREET, SUITE 505
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR () Delete
Name: ROBINS, ROBIN&MICHAEL
Address: 3600 NORTH 33RD TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: COHEN, HAROLD A
Address: 5220 NORTH 35TH STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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

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: STEVE BERMAN, VP- BERMAN REAL ESTATE CORP

MGRM

01/19/2006

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