

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2006 8:00 am
Secretary of State

04-24-2006 90062 038 ****50.00

DOCUMENT # L01000016568 1. Entity Name 6235 FISHER ISLAND DR. LLC	
---	---

Principal Place of Business 2 S. BISCAYNE BLVD., SUITE 1550 MIAMI, FL 33131	Mailing Address 2 S. BISCAYNE BLVD., SUITE 1550 MIAMI, FL 33131
---	---

30008891



DO NOT WRITE IN THIS SPACE

01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3639729	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent KRIZ, JENNIFER 2 S. BISCAYNE BLVD., SUITE 1550 MIAMI, FL 33131
--

**DO NOT WRITE
IN THIS SPACE**

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.

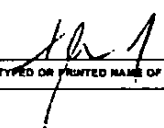
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (MEMBER) (NOT MEMBER) KRIZ, JENNIFER 2 S BISCAYNE BLVD STE 1550 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (MGR MEMBER) KRIZ, FRED 20 AVE DE FONTVIELLE MONACO, mc 98000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4-7-06 (305) 373 7533
Date Daytime Phone #