2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State
04-24-2006 90062 038 ****50.00

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1. Entity Name
5235 FISHER ISLAND DR. LLC

30008891

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

01302006 No Chg-LLC CR2E083 (11/05)

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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

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM ~~(MEMBER)~~ (MGR MEMBER)
NAME	KRIZ, JENNIFER
STREET ADDRESS	2 S BISCAYNE BLVD STE 1550
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM (MGR MEMBER)
NAME	KRIZ, FRED
STREET ADDRESS	20 AVE DE FONTVIELLE
CITY-ST-ZIP	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	

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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: _____ 4-7-06 (305) 373 7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #