


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01/29/03 90050 047 \$150.00

DOCUMENT # L01000020325		
1. Entity Name MIAMI IPC (655), LLC		

Principal Place of Business 655 NE 149 ST N. MIAMI BEACH, FL 33162	Mailing Address 1874 NE 170 ST # 34 N. MIAMI BEACH, FL 33162
--	--

2. Principal Place of Business 655 N.E. 149 st	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State N. Miami, FL	City & State
-------------------------------------	--------------

Zip 33161	Country usa	Zip	Country
---------------------	-----------------------	-----	---------



01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1157232	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLEINMAN, CHAIM 301 174TH ST # 2214 SUNNY ISLES BEACH, FL 33160		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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		10. ADDITIONS / CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEINMAN, CHAIM		NAME	
STREET ADDRESS 301 174TH ST # 2214		STREET ADDRESS	
CITY-ST-ZIP SUNNY ISLES BCH, FL 33160		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, ISSAC		NAME	
STREET ADDRESS 2085 SAN SIMEON WAY # 103		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEINMAN, ESTHER		NAME	
STREET ADDRESS 301 174TH ST # 2214		STREET ADDRESS	
CITY-ST-ZIP SUNNY ISLES BCH, FL 33160		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Esther Kleinman</u> <u>Esther Kleinman</u> <u>1/15/06</u> <u>305 947 2202</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
--	---	------	-----------------