

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90023 039 ****50.00

DOCUMENT # L02000000946

1. Entity Name

MIAMI FLATIRON PARTNERS, LLC



Principal Place of Business

~~444 BRICKELL AVE., SUITE 650~~
~~670 EDIE LAQUER~~
~~MIAMI FL 33131~~

Mailing Address

1000 BRICKELL AVE
~~#710~~
MIAMI FL 33131



2. Principal Place of Business

1000 Brickell Ave
Suite, Apt. #, etc.
920 B

3. Mailing Address

1000 Brickell Ave
Suite, Apt. #, etc.
#920 B

1st MOORE

CR2E083 (10/05)

City & State

Miami, FL
Zip
33131

City & State

City & State
Zip
Country

4. FEI Number

65-0968815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
1221 BRICKELL AVE. SUITE 2100
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00.

Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PERRICONE, STEVEN
STREET ADDRESS 15 S.E. 10TH STREET
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete
NAME SOLOWSKY, JAY H
STREET ADDRESS 150 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33030

TITLE MGR ☐ Delete
NAME LAQUER, EDIE
STREET ADDRESS 444 BRICKELL AVE., SUITE 650
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete
NAME SMITH, MICHAEL B
STREET ADDRESS 2500 S.W. 3RD AVE.
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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 #

4/19/06