

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

06 AUG 22 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006193

1. Entity Name
DISTINGUISHED PROPERTIES, LLC



Principal Place of Business
2501 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD, FL 33020

Mailing Address
2501 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD, FL 33020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
37-1427882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOGEV, ACHIKAM
2501 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD, FL 33020

Name
YOSEF YOSIFOVE
Street Address (P.O. Box Number is Not Acceptable)
2501 HOLLYWOOD BLVD, Ste 200
Hollywood, FL 33020
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YOGEV, ACHIKAM
2501 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
YOSEF YOS. FOVE
2501 HOLLYWOOD BLVD, Ste 200
Hollywood, FL 33020 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200078226752
08/29/06--01056--014 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

K. Eckel AUG 23 2006