


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State


DOCUMENT # L02000006788

1. Entity Name
P & C MYSTIC POINT 500-1105, LLC



Principal Place of Business 9801 COLLINS AVENUE APT. 18W BAL HARBOUR, IL 33154	Mailing Address 20975 NE 30TH PLACE AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



07122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2472472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, CAROL
 20975 NE 30TH PLACE
 AVENTURA, FL 33180**

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 _____ 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 September 8, 2006

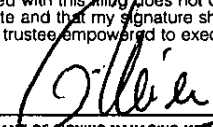
L00000574891
 08/22/06-80002-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, CAROLE 20975 NE 30 PLACE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABOUT, PHILIPPE 20975 NE 30 PLACE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABOUT, ANDRE 20975 NE 30 PLACE AVENTURA, FL 33180
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 report 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 Date Daytime Phone #