## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Feb 09, 2006 8:00 am Secretary of State

1. Entity Name LITTLE HAVANA APARTMENTS USA, LLC						02-09-2006 90147 021 ****50.00					
Principal Place of Business Mailing Address P.O. BOX 402765 P.O. BOX 402765 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140				40		1.0000000000000000000000000000000000000		U U U U		WWS PH 48-84	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01212006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		4. FEI Numbe 73-1662				plied For at Applicable			
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered /	Agent		
TODUL 14					Name						
TOBIN, MARK   230 SW 13 ST   MIAMI, FL 33130					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
(11), (11), (12)	00100				00				7:- 0-4		
					City	FL Zip Code					
	named entity tions of registe		the purpose of changing its	register	ed office or registe	ered agent, or bot	h, in the State of Flo	rida. I am f	familiar with,	and accept	
SIGNATURE .	Signature, typed o	or printed name of registered agent an	ad title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006											
Fi D	iling Fee is ue by May	s \$50.00 7 1, 2006	-			:		e check p i Departm	ayable to ent of State	•	
Fi D	iling Fee is ue by May	\$ \$50.00 , 1, 2006 MANAGING MEMBER	S/MANAGERS	10.		;		Departm	ent of State	•	
. D	iling Fee Is ue by May	/ 1, 2006 	S/MANAGERS	10. 11TL	E	:	Florida	Departm	ent of State	Addition	
9. TITLE NAME	MGR TOBIN, MA	MANAGING MEMBER		TITL	IE	:	Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS	MGR TOBIN, MA	MANAGING MEMBER  ARK  402765		TITL NAM STRE	IE EET ADDRESS	:	Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBIN, MA P.O. BOX MIAMI BEA	MANAGING MEMBER	☐ Delete	TITL NAM STRI CITY	IE EET ADDRESS '-ST-ZIP	:	Florida	Departm	ent of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR TOBIN, MA P.O. BOX MIAMI BEA	MANAGING MEMBER  ARK  402765  ACH, FL 33140		TITL NAM STRE	IE EET ADDRESS '-ST-ZIP E	:	Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBIN, MA P.O. BOX MIAMI BEA	MANAGING MEMBER  ARK  402765 ACH, FL 33140	☐ Delete	TITL NAM STRE CITY TITL	IE EET ADDRESS '-ST-ZIP E	:	Florida	Departm	ent of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR TOBIN, M. P.O. BOX MIAMI BE. MGR FERRARI, P.O. BOX	MANAGING MEMBER  ARK  402765 ACH, FL 33140	☐ Delete	TITL NAM STRE CITY TITL NAM STRE	EET ADDRESS '-ST-ZIP E	:	Florida	Departm	ent of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR TOBIN, M. P.O. BOX MIAMI BE. MGR FERRARI, P.O. BOX	MANAGING MEMBER  ARK  402765 ACH, FL 33140  , DAVID  402765	☐ Delete	TITL NAM STRICT CITY TITL NAM STRICT TITL TITL	EET ADDRESS '-ST-ZIP  EET ADDRESS '-ST-ZIP  EET ADDRESSST-ZIP  E	:	Florida	Departm	ent of State	Addition	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE