## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007503 4工W#

2060 DEVELOPMENT, LLC



Principal Place of Business

1900 SUNSET HARBOUR DRIVE

SUITE 1

MIAMI BEACH, FL 33139

Mailing Address

1900 SUNSET HARBOUR DRIVE

MIAMI BEACH, FL 33139





04172006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | - I    | Applied For    |
|----------------------------------|--------|----------------|
| 04-3630145                       |        | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of changing its registere ions of registered agent. | od office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
|--|---|---|
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered         | Agent signature required when reinstating)  DATE  |
| Fi   | iling Fee is \$50.00<br>ue by May 1, 2006   |   |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR TURHIN, JOHN A 1900 SUNSET HARBOR DR #1 MIAMI BEACH, FL 33139                                       |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SEIKALY, RONY<br>27 E DILIDO DR<br>MIAMI BEACH, FL 33139   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | DO NOT WRITE  |
| TITLE<br>Name<br>Street address<br>City-St-Zip |   | IN THIS SPACE   |
| TITLE<br>NAME<br>STREET ADDRESS                |   |   |

11. I hereby certify that the information upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curate 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 er or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true a limited liability company or the

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE