


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012459
1. Entity Name
SALADA PROPERTIES, L.L.C.



Principal Place of Business
5500 COLLINS AVE
SUITE 402
MIAMI BEACH, FL 33140

Mailing Address
5500 COLLINS AVE
SUITE 402
MIAMI BEACH, FL 33140



01122006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0612225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, GEORGE
5500 COLLINS AVE
SUITE 402
MIAMI BEACH, FL 33140

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IN THIS SPACE**

6. 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 file if applicable. (NOTE: Registered Agent signature required when re/setting)

Filing Fee is \$50.00
Due by May 1, 2006

1100000401747
02/02/06-80059-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	MARTINCAK, LAUREN
STREET ADDRESS	1550 NORTHVIEW DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGR
NAME	GREEN, GEORGE
STREET ADDRESS	5500 COLLINS AVE, SUITE 402
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GREEN, TAMMY
STREET ADDRESS	5500 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: George Green (George Green) 1/20/06 305-867 6572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #