2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000016497

1. Entity Name
KORNBLUM MANAGEMENT LLC

FILED

06 MAY -8 PM 2: 04

SECRETAR. .TATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O RICHARDS & POLANSKY, P.A.	C/O RICHARDS & POLANSKY, P.A.
2665 SOUTH BAYSHORE DRIVE, SUITE 703	2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133	MIAMI, FL 33133

04172006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address	
2665 S. Bayshore Drive	2665 S. Bayshore Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite 703	Suite 703	
City & State	City & State	4. FEI Number
Miami, FL	Miami, FL	02-0633327

4. FEI Number	Applied For
02-0633327	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
33133	USA	33133	USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2006**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME KORNBLUM, JEFFREY STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703 CITY-ST-ZIP MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 00000758914 6 0 06/06/06--01047--003 **1800.00**
TITLE MGR NAME KORNBLUM, AMERISA STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703 CITY-ST-ZIP MIAMI, FL 33133	☐ 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	☐ 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	☐ 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.

Mitchell S. Polansky

SIGNATURE: _____   4/11/06   (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #