2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017419

1. Entity Name S.H. TOWNHOUSE 210, LLC



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

2900 S.W. 28TH TERRACE SECOND FLOOR MIAMI, FL 33133 Mailing Address

2900 S.W. 28TH TERRACE SECOND FLOOR MIAMI, FL 33133



DO NOT WRITE IN THIS SPACE

02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 71-0075137

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEAL S. LITMAN, P.A. 2900 S.W. 28TH TERRACE SECOND FLOOR MIAMI, FL 33133

| DO | NOT | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| 8. The above the obligat | named entity submits this statement for the purpose of chartions of registered agent. | nging its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accep | |
|--|---|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE, Registered Agent signature required when reinstating) | DATE | |
| Fi | lling Fee is \$50.00 ue by May 1, 2006 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LITMAN, NEAL S 2900 SW 28TH TERRACE MIAMI, FL 33133 | | U00000509043 | |
| TITLE NAME STREET ADDRESS CITY -ST-ZIP | | | 04/28/06-80017-022 50.00 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME | | | · - | |

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

De

Daytime Phone #