2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018300				2	FILED			
1. Entity Name KORNBLUM INVESTMENTS LLC					06 MAY	-8 PH 2:	D.	
				The second second	SECRETA	- (ri 2-	04	
Principal Plac	e of Business	Mailing Address		7 7	TALLAHAS	TO PH 2: SEE, FLORI	ii Da	
2665 S BAYSHORE DR. STE. 703 MIAMI, FL 33133		2665 S BAYSHORE DR. STE. 703 Miami, Fl. 33133					JA	
	V130	1111/4111/			IL AAMA HAN TSIII AAIII AAIII	# # 1 	IIL 801885 III 1886	
2. Principal P	Place of Business S. Bayshore Drive	3. Mailing Address 2665 S. Bayshore Drive						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172006	Cha LLC	CD2E092 /44//	ne\	
Suite 703 City & State		Suite 703 City & State		4. FEI Numt	Chg-LLC	CR2E083 (11/0	Applied For	
Miami, FL		Miami, FL		61-14			Not Applicable	
Zip Country USA		Zip 33133	Country USA	5. Certificat	e of Status Desired	□ \$5.00 Fee Req	Additional uired	
	6. Name and Address of Current I	Registered Agent	Name	7. Name an	d Address of New Re	gistered Agent		
POLANSKY, MITCHELL S ESQ				Street Address (P.O. Box Number is Not Acceptable)				
2665 S BA MIAMI, FL	YSHORE DR. STE. 703 33133		Street Addres	Street Address (F.O. Box Normber is not Acceptable)				
				<u> </u>				
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registered office or regi	stered agent, or b	oth, in the State of Flor	ida. I am familiar w	vith, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if annicable (NO)	E: Registered Agent signature req	uized when reinterational		DATE		
	algrigitire, types or printing that or registeres seguit a	(NO	re. Registered Agont Signature req	Direct Hile (Temstating)				
	iling Fee is \$50.00 ue by May 1, 2006					check payable to Department of S		
9.	MANAGING MEMBEI		10.		ADDITIONS/			
TITLE NAME	KORNBLUM, JEFFREY	L_J Delete	TITLE NAME	c		☐ Chan	· ·	
STREET ADDRESS CITY-\$T-ZIP	2665 S BAYSHORE DR. STE. 70 MIAMI, FL 33133	STREET ADDRESS CITY-ST-ZIP	06/	300075 06/060104	89148 7003 **	8 1800.00		
TITLE	MGR	☐ Delete	TITLE			Chan		
NAME STREET ADDRESS	KORNBLUM, AMERISA 2665 S BAYSHORE DR. STE. 70	NAME STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Chan	nge 🗌 Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITLE			Char	nge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-S1-ZIP	_		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			□ Char	nge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Char	nge 🔲 Addition	
STREET ADDRESS			STREET ADDRESS	•				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-S1-ZIP	ned in Chanter 119	A Florida Statutae I fu	rther certify that the	information	
indicated	cernly that the information supplied with don this report is true and accurate and ability company of the receiver of this is	that my signature shall have a empowered to execute this	or the same legal effect as s report as required by C	s if made under oa hapter 608, Florida	th; that I am a manag Statutes.	ing member or mar	nager of the	
	MILOMETT D. POTA	nusky /	4/11	1/06 (305	858-9900			
SIGNAT	TURE: / LE PRINTED NAME OF PRINTED NAME OF	FEIDWING MANAGING MEMBED M	ANAGER, OR AUTHODITED DED	RESENTATIVE	Date	Daytime Pho	nne #	
l	S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.	T.				Dayline FIID		