

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020389

Entity Name: NORTH MIAMI AVENUE, LLC

FILED  
Jun 21, 2006  
Secretary of State

**Current Principal Place of Business:**

4779 COLLINS AVE  
UNIT 3205  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 403002  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 82-0559679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COLLETTI, JOSEPH R ESQ  
3550 BISCAYNE BLVD  
SUITE 610  
MIAMI, FL 33137 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NITZAN, ZIVA  
Address: 4779 COLLINS AVE UNIT 3205  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: BEN ZION, AMIR  
Address: 5700 COLLINS AVENUE PH A  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMIR BENZION

MGR

06/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date