

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023422

FILED
Jul 31, 2006
Secretary of State

Entity Name: 12101 LLC

Current Principal Place of Business:

12101 GRIFFING BLVD
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

3541 N 34TH AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 37-1451367 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:

SHIMON, MICHELLE
3541 N. 34TH AVENUE
HOLLYWOOD, FL 33021 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: SHIMON, MICHELLE
Address: 3541 N. 34 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: SHIMON, DANI
Address: 3541 N. 34 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: SHIMON, ISRAEL
Address: 3541 N. 34 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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

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

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

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: MICHELLE SHIMON

PRES

07/31/2006

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