2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000025906

1. Entity Name

LAKE WORTH ROAD ASSOCIATES, LLC



SECRETARY OF STATE DIVISION OF CORPORATIONS

06 AUG 14 AM 9:53

Principal Place of Business

Mailing Address

1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143

1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143



05022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
43-1976891			Not Applicable
5. Certificate of Status Desired	1 🗆	\$5.0	D Additional

6. Name and Address of Current Registered Agent

ROSE, ELLEN ESQ THERREL BAISDEN, P.A. ONE SE 3RD AVENUE, STE. 2400 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE

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.						
SIGNATU	JRE	(NOTE: Registered Agent signature required when reinstating)	DATE	_		
D	Filing Fee is \$50.00 ue by September 6, 2006					
9.	MANAGING MEMBERS/MANAGERS			4 Pag		
TITLE	MGRM					

HIGIER, GERALD M 1541 SUNSET DRIVE, #300 STREET ADORESS CITY-ST-ZIP CORAL GABLES, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS Crit-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE

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 AND TYPED OR PRINTED NAME OF SIGNING MANAS

Higie

8/11/06

(305) 666-2140

Daytime