


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000027284.</b>		
1. Entity Name CULBEK AVENTURA, LLC		
Principal Place of Business 20281 E. COUNTRY CLUB DRIVE APT 2304 AVENTURA, FL 33180 US	Mailing Address 20281 E. COUNTRY CLUB DRIVE APT 2304 AVENTURA, FL 33180 US	



02132006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

KORN, GARY  
 20801 BISCAYNE BOULEVARD  
 SUITE 501  
 AVENTURA, FL 33180

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

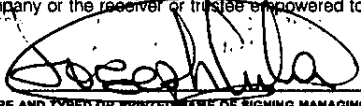
U00000562716  
 05/19/06-80066-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULA, LEON 20281 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULA, JOSEPH 20281 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**

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:**  **04-28-06** **(305) 945 6003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Business Phone #