2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

4.26.06 305-324-2075

DOCUI 1. Entity Nam SK JUSTI	8	L020000349			04-28-2006	90033 03.	3 ****50	0.00			
Principal Place of Business 155 S. MIAMI AVENUE PH-2A MIAMI, FL 33130			Mailing Address 155 S. MIAMI AVENUE PH-2A MIAMI, FL 33130			A TERUTUK RILA	BEND NETT BENN ESIN BEN	OFFEE AMAI STRIB	1 111) (211) (4)	I II (N) (ZZZ)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212006	Chg-LLC	CR2E083	3 (11/05)		
City & State			City & State		4. FEI Numbe 05-0549				plied For Applicable		
Zip	Country		Zip Coun		try	Certificate of Status Desired					
	6. Name and	Address of Current R	egistered Agent	7. Name and Address of New Registered Agent							
	MI AVE PH 2	VISORS INC RE	Name INC. Street Address (P.O. Box Number is Not Acceptable)								
					City	City FL Zip Code					
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 Signature, typed or pytholic name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2006								check pay Departmer		,	
9.		MANAGING MEMBER	S/MANAGERS	10.	15		ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS	MGRM SIRLIN, DAN	I AVENUE, PH-2A	☐ Delete	TITLI NAM Stre	1			[Change	Addition	
CITY-ST-ZIP	MIAMI, FL 3	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP						
TITLE Name	MGRM KRINSKY, JE	:FF	Delete	TITLE				(_ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		AVENUE, PH-2A		STRE	ET ADORESS -ST-ZIP						
TITLE NAME			☐ Delete	. TITL	I .				Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
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NAME STREET ADDRESS				NAM	E Et adoress						
CITY-ST-ZIP					-ST-ZIP						
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.											

ENTED NAME OF SIGNING MANAGING NEWBER, MANAGER, OR AUTHORIZED REPRESENTATIVE