

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003970

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: GRAND FLORIDA PROPERTIES, LLC

**Current Principal Place of Business:**

560 NE 103 STREET  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

560 NE 103 STREET  
MIAMI SHORES, FL 33138

**New Mailing Address:**

FEI Number: 13-4236589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRISALES-RACINI, OSCAR  
1861 N.E. 146TH STREET  
NORTH MIAMI, FL 33181 US

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

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: MGRM ( ) Delete  
Name: RABINOVICH, SAUL  
Address: 560 NE 103 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM ( ) Delete  
Name: KLAHR, JOSE  
Address: 560 NE 103 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM ( ) Delete  
Name: RATNER, VICTOR  
Address: 560 NE 103 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

**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: SAUL RABINOVICH

MGRM

04/06/2006

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