


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000014327**

1. Entity Name  
**MINDEN MANAGEMENT ASSOCIATES, LLC**



Principal Place of Business <b>9150 SW 87TH AVE. SUITE #205          MIAMI, FL 33176</b>	Mailing Address <b>9150 SW 87TH AVE. SUITE #205          MIAMI, FL 33176</b>
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01092006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1886668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MALE, MICHAEL H  
 3250 MARY STREET SUITE #303  
 MIAMI, FL 33133**

**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 \_\_\_\_\_

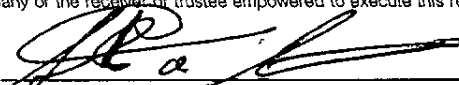
**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENSTEIN, STEWART A 9150 SW 87TH AVE. SUITE #205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SKORIC, PAUL U 9150 SW 87TH AVE. SUITE #205 MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

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 01/23/06 80024-024 50.00

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 606, Florida Statutes.

SIGNATURE:  1/9/06 305-595-1518

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