## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) ---

## Feb 03, 2006 08:00 AM DOCUMENT # L03000014463 **Secretary of State** LYNDOL SIEGAL, LLC Principal Place of Business Mailing Address 7720 SW 102ND PLACE 7720 SW 102ND PLACE MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 74-3095591 Not Applicat Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAUFMAN, CHERYL JULIEN Street Address (P.O. Box Number is Not Acceptable) 2301 SUNSET DR MIAMI BEACH FL 33140 City 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, typed or partied name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 20 100 2000 ۵. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES BILE MGR ☐ Delete THE ☐ Change Addition | NAME SIEGAL, LYNDOL NAME U000000417746 STREET ADDRESS 17720 SW 102 PLACE STREET ADDRESS 02/13/06-80067-009 55.00 CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE ☐ Defete BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE T Belefe TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-LIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79 TITLE ☐ Delcle $\Pi\Pi F$ ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS C)TY-ST-27P CITY-ST-702 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 508, Florida Statutes.

FILED

SIGNATURE: Typical Siegel Lyndol Siegel 1/30/06 305.233.3352