

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY 15 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSU*



04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
42-1590342

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MARTIN, MIGUEL A ESQ  
848 BRICKELL AVE., STE. 830  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name RENE ADWAR, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
RENE ADWAR, P.A.  
848 BRICKELL AVE, SUITE 830  
City MIAMI FL Zip Code 33131

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]*  
Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/06  
DATE

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JOURDAN, STEPHANIE	
STREET ADDRESS	6491 ALLISON RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROSENBERG, MICHEL	
STREET ADDRESS	6491 ALLISON RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROSENBERG, FATES	
STREET ADDRESS	6491 ALLISON RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400075656704
STREET ADDRESS	06/02/06--01011--002 **200.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Stephanie Jordan*

04/07/06

Date

(786) 208-1133

Daytime Phone #