## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## L03000026466

1. Entity Name 56TH STREET INVESTMENTS, L.L.C.

FILED Mar 27, 2006 08:00 AM Secretary of State

Principal Place of Business

1313 PONCE DE LEON BLVO., STE. 200 CORAL GABLES, FL 33134 Mailing Address

1313 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134



## DO NOT WRITE IN THIS SPACE

03072006

4. FEI Number 20-1102120

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00

6. Name and Address of Current Registered Agent

QUESADA, G. FRANK ESQ. 1313 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL. 33134

## DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered affice or registered agent, or t	both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typea or printed name of registered egent and lifte if applicable.	CONT. COLUMN 1		
	Signatura, typad as provided tracta of taglistated against and the it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR JUELLE, JOSE A 1313 PONCE DE LEON SUITE 200 CORAL GABLES, FL 33134	 	. ,, ,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			0000001481869 04/11/06 80051-008 50.08	
TITLE NAME STREET ACCRESS CITY-SI-ZIP		DO	NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE HAME STREET ADDRESS				

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 flability company or the receiver or trustee empowered by execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG HANKONG DELIGER OR AUTHORIZED PERFECTATION

3/20/06

Daytima Phone #