

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90270 028 ****50.00

DOCUMENT # L03000038187					
1. Entity Name IMMOKALEE, LLC					
Principal Place of Business 2655 S. LE JEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134 US			Mailing Address 2655 S. LE JEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134 US		
2. Principal Place of Business 250 Catalonia Ave Suite, Apt. #, etc. Suite 606		3. Mailing Address 250 Catalonia Ave. Suite, Apt. #, etc. Suite 606			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number NOT APPLICABLE	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISENFELD, JOSEPH J 2655 S. LE JEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134					
7. Name and Address of New Registered Agent Name: Barry S. Goldmeier Street Address (P.O. Box Number is Not Acceptable): 250 Catalonia Ave. Suite 606 City: Coral Gables FL Zip Code: 33134					
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: <u>Barry S. Goldmeier</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/15/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDMEIER, BARRY 2655 S. LE JEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goldmeier (NJ) LLC 250 Catalonia Ave. Suite 606 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: <u>Barry S. Goldmeier</u> <i>Barry S. Goldmeier</i> 3/15/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					