

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90058 002 ****50.00

DOCUMENT # L03000048088

1. Entity Name
1804 LA PERLA LLC



Principal Place of Business
**64 ROBINSON AVENUE
STATEN ISLAND, NY 10312**

Mailing Address
**64 ROBINSON AVENUE
STATEN ISLAND, NY 10312**



2. Principal Place of Business
2999 N.E. 191st Street

3. Mailing Address
2999 N.E. 191st Street

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

04062006 Chg-LLC CR2E083 (11/05)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
20-2011129

Applied For
☐ Not Applicable

Zip
33180

Country

Zip
33180

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIFFMAN, ADAMA R ESQ
2999 NE 191 STREET #900
AVENTURA, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**MGRM
GROSSMAN, BELLA
1920 E. HALLANDALE BEACH BLVD., #510
HALLANDALE BEACH, FL 33009** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHIFFMAN, ADAM R.
2999 N.E. 191st Street, Suite 900
Aventura, FL 33180** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4/28/06