


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90056 047 ****50.00

DOCUMENT # L03000051219		
1. Entity Name 1205 LA PERLA, LLC		

Principal Place of Business C/O FROMBERG, PERLOW & KORNIK, P.A. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180	Mailing Address C/O FROMBERG, PERLOW & KORNIK, P.A. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180
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2. Principal Place of Business 2999 N.E. 191 Street	3. Mailing Address 2999 N.E. 191 Street
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State Aventura, FL	City & State Aventura, FL
Zip 33180	Zip 33180

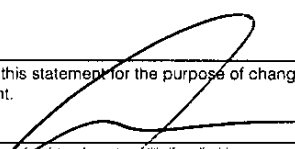


04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. SUITE 100, 18901 NE 29TH AVE AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name SCHIFFMAN, ADAM R., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191 Street Suite 900 City Aventura FL Zip Code 33180
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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.

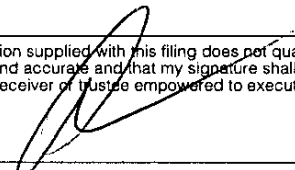
SIGNATURE  DATE 4/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TAUBIN, ARKADY 5406 HUCKLEBERRY LN HOUSTON, TX 77056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHIFFMAN, ADAM R. 2999 N.E. 191 Street #900 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 4/28/06

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