

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000000465**

1. Entity Name  
**6832-34 SW 81ST STREET PROPERTY, LLC**



Principal Place of Business  
**2555 PONCE DE LEON BLVD., SUITE 320**  
**CORAL GABLES, FL 33134**

Mailing Address  
**2555 PONCE DE LEON BLVD., SUITE 320**  
**CORAL GABLES, FL 33134**



02092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0547965**  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ADMIRE, ROBERT**  
**2511 PONCE DE LEON BLVD., SUITE 320**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE**  
**IN THIS SPACE**

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 \_\_\_\_\_  
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**

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, JOHN C JR. 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMIRE, JACK G 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMIRE, RUTH S 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/9/06** **305 444 6121**  
Date Daytime Phone #