

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000002648

1. Entity Name

2412 FONTAINEBLEAU, LLC



Principal Place of Business

**C/O EUGENE J. HOWARD, ESQ.
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH FL 33139**

Mailing Address

**C/O EUGENE J. HOWARD, ESQ.
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-2710187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, EUGENE J ESQ.
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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 file if applicable

(NOTE: Registered Agent signature required when translating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **VERKUIL, PAUL**
CITY-ST-ZIP **1111 LINCOLN ROAD SUITE 400
MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RODIN, JUDITH**
CITY-ST-ZIP **1111 LINCOLN ROAD SUITE 400
MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS **U000000518477**
CITY-ST-ZIP **05/02/06-80013-015 50.00**

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

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

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

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

TITLE ☐ Change ☐ Add
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 Section 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]

4-14-06 305-538-636