

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90019 022 ****50.00

DOCUMENT # L0400003112

1. Entity Name
MIAMI-DADE LAND HOLDINGS LLC



Principal Place of Business
780 FISHERMAN STREET
4TH FLOOR
OPA-LOCKA, FL 33054 US

Mailing Address
780 FISHERMAN STREET
4TH FLOOR
OPA-LOCKA, FL 33054 US

60022129

2. Principal Place of Business
780 Fisherman Street

3. Mailing Address
Same

Suite, Apt. #, etc.
3rd FLOOR, Ste 334

Suite, Apt. #, etc.

City & State
Opa-Locka-FL

City & State

Zip
33054

Country
USA

Zip

Country



03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0597350

Applied For
 Not Applicable

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
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE, 28TH FLOOR MIAMI, FL 33131	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 _____ 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	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 STACKHOUSE, DENNIS C 780 FISHERMAN STREET, 4TH FLOOR OPA-LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____