

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006470

Entity Name: VIRON, L.L.C.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

4000 TOWERSIDE TERR, APT 1105  
MIAMI, FL 33138

## New Principal Place of Business:

3340 NE 190 TH STREET #902  
AVENTURA, FL 33180

## Current Mailing Address:

4000 TOWERSIDE TERR, APT 1105  
MIAMI, FL 33138

## New Mailing Address:

19835 NE 17TH AVE  
NORTH MIAMI BEACH, FL 33179

FEI Number: 45-0532401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEIN, ERIC P ESQ  
1820 N.E. 163RD ST, #100  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: NEUMARK, RONALD  
Address: 4000 TOWERSIDE TERR  
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Delete  
Name: NEUMARK, VIVIANA  
Address: 19835 NE 17TH AVE  
City-St-Zip: BAY HARBOR, FL 33179

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NEUMARK, RONALD  
Address: 3340 NE 190TH STREET #902  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VIVIANA NEUMARK

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date