

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009706

Entity Name: 2906 LA PERLA, LLC

FILED  
Jul 01, 2005  
Secretary of State

**Current Principal Place of Business:**

16701 COLLINS AVE  
APT 2906  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

15-15 ALDEN TERR  
FAIR LAWN, NJ 07410

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TSVEYER, TANYA  
100 NORTH WEST 117 AVE  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

TSVEYER, TANYA  
2000 NORTH WEST 105 LANE  
CORAL SPRINGS, FL 33071 US

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: TANYA TSVEYER

07/01/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHEYNIN, ARKADY  
Address: 15-15 ALDEN TERR  
City-St-Zip: FAIR LAWN, NJ 07410

Title: MGR ( ) Delete  
Name: SHEYNIN, LILYA  
Address: 15-15 ALDEN TERR  
City-St-Zip: FAIR LAWN, NJ 07410

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: LILYA SHEYNIN

MRS

07/01/2005

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