




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 049 ****50.00

DOCUMENT # L04000010867					
1. Entity Name 1404 LA PERLA, LLC					
Principal Place of Business 1920 E. HALLANDALE BEACH BLVD, STE 510 HALLANDALE BEACH, FL 33009			Mailing Address 1920 E. HALLANDALE BEACH BLVD, STE 510 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business 2999 N.E. 191st Street Suite, Apt. #, etc. Suite 900		3. Mailing Address 2999 N.E. 191st Street Suite, Apt. #, etc. Suite 900			
City & State Aventura, FL		City & State Aventura, FL		4. FEI Number NOT APPLICABLE	
Zip 33180		Zip 33189		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KROMAS, BORIS 1920 E. HALLANDALE BEACH BLVD, STE 510 HALLANDALE BEACH, FL 33009			7. Name and Address of New Registered Agent Name SCHIFFMAN, ADAM, R. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191st Street Suite 900 City Aventura FL Zip Code 33180		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROMAS, BORIS 1920 E. HALLANDALE BEACH BLVD, STE 510 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIFFMAN, ADAM R. 2999 N.E. 191st Street, #900 Aventura, FL 33180	<input checked="" 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 # _____					