


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-29-2005 90060 050 ****50.00

| | | | | | | | |
|---|---------------|---------------------|---|--|------|----------------|-------------|
| DOCUMENT # L04000011509 | | | |  | | | |
| 1. Entity Name MN 3106, LLC | | | | | | | |
| Principal Place of Business 18001 COLLINS AVE SUNNY ISLES BEACH, FL 33160 | | | Mailing Address 18001 COLLINS AVE SUNNY ISLES BEACH, FL 33160 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 20-2425306 | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R. 201 ALHAMBRA CIR, STE 601 CORAL GABLES, FL 33134 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | Leslie Salmon | 79 Fifth Ave | New York NY 10003 | <input type="checkbox"/> Delete | Pres | | |
| | Gil Dezertan | 18001 Collins Ave | Sunny Isles Beach FL 33160 | <input type="checkbox"/> Delete | VP | | |
| | Ester Gurwitz | 489 Fifth Ave | NY NY 10003 | <input type="checkbox"/> Delete | VP | | |
| | | | | <input type="checkbox"/> Delete | | | |
| | | | | <input type="checkbox"/> Delete | | | |
| | | | | <input type="checkbox"/> Delete | | | |
| | | | | <input type="checkbox"/> Delete | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Leslie Salmon</u> LESLIE SALMON | | | | Date: <u>4/27/05</u> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date</small> | | | |

30009242



02182005 Chg-LLC CR2E083 (10/03)

Applied For Not Applicable

FL Zip Code

Resubmitted 6/2/05