


**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		
Zip	Country	Zip	Country	4. FEI Number 20-2425306
				Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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	Leslie SALMON <input type="checkbox"/> Delete VP 79 Fifth Ave New York NY 10003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gil Dezertron <input type="checkbox"/> Delete VP 18001 Collins Ave Sunny Isles Beach FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ester GURWITZ <input type="checkbox"/> Delete VP 489 Fifth Ave NY NY 10003	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	
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	
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	
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><i>Leslie Salmon</i></u> LESLIE SALMON				Date 4/27/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				

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02182005 Chg-LLC CR2E083 (10/03)

Resubmitted 6/2/05