


**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90113 023 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**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

60017178



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01242008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
 20-2425306

Applied For  
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	SALMON, LESLIE
STREET ADDRESS	89 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	V <input type="checkbox"/> Delete
NAME	DEZERTZON, GIL
STREET ADDRESS	18001 COLLINS AVE
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	V <input type="checkbox"/> Delete
NAME	GIURWITZ, ESTEE
STREET ADDRESS	89 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Gil Dezer 3/26/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #