## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000011540**

1. Entity Name MN 3109, LLC



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

18001 COLLINS AVE SUNNY ISLES BEACH, FL 33160 Mailing Address

18001 COLLINS AVE

SUNNY ISLES BEACH, FL 33160



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2425265 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIR, STE 601 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
F	iling Fee is \$50.00 ue by May 1, 2006	,		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, LESLIE 89 FIFTH AVENUE NEW YORK, NY 10003			U00000550606 05/13/06-80066-017 50.00 <b>DO NOT WRITE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEZERTZOU, GIL 18001 COLLINS AVENUE NORTH MIAMI BEACH, FL 33160			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	V GURWITZ, FSLEE 89 FIFTH AVENUE NEW YORK, NY 10003		DO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE
TITLE 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: Sure for

TITLE NAME STREET ADDRESS CITY-ST-ZIP

LSalmon

4/28/04

2129291285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #