


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L04000014890</b>                         |  |
| 1. Entity Name<br><b>WEINTRAUB INVESTMENTS, L.L.C.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>7760 WEST 20TH AVENUE, SUITE 1<br/>HIALEAH FL 33016</b> | Mailing Address<br><b>7760 WEST 20TH AVENUE, SUITE 1<br/>HIALEAH FL 33016</b> |
|---|---|



|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt #, etc.             |         | Suite, Apt #, etc. |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |

1st MOORE CR2E083 (10/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-2478272</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WEINTRAUB, ABRAHAM<br/>7760 WEST 20TH AVENUE, SUITE 1<br/>HIALEAH FL 33016</b> |
|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</b>  |          |

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>WEINTRAUB, ABRAHAM<br>7760 W 20TH AVE STE 1<br>HIALEAH FL 33016 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>RUIZ, MIGUEL<br>7760 WEST 20TH AVENUE, SUITE 1<br>HIALEAH FL 33016 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                              |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>000000532475</b><br><b>05/06/06-80084-024 SU.UU</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:**  **ABRAHAM WEINTRAUB** 4/19/06 305-557-9398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #