

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT?**

FILED
Aug 11, 2006 8:00 am
Secretary of State

04-26-2006 90022 003 ****50.00

DOCUMENT # L04000016523 1. Entity Name 551, LLC					
Principal Place of Business 1728 CORAL WAY MIAMI, FL 33145			Mailing Address 1728 CORAL WAY MIAMI, FL 33145		
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 34-1985906				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent DALEY, JILL 1720 CORAL WAY MIAMI, FL 33145			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 _____ Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MM DALEY, JILL 1728 CORAL WAY MIAMI, FL 33145 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JOCH, FRED 1728 CORAL WAY MIAMI, FL 33145 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ST VINCENT, THEROLD DE 1728 CORAL WAY MIAMI, FL 33145 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR. RENE H. DOUGLAS, JR. 1728 CORAL WAY MIAMI, FL 33145 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE: <u><i>Jill M. Daley</i></u> <u>4/24/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					