
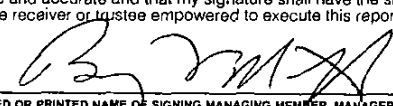


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 10, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L04000019937 1. Entity Name MINOFF REALTY, LLC					
Principal Place of Business 3333 NE 33RD STREET FORT LAUDERDALE, FL 33308			Mailing Address 19400 NORTH PARK BLVD. SHAKER HEIGHTS, OH 44122		
2. Principal Place of Business 3313 NE 33 Street		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ft. Lauderdale, FL		City & State 		4. FEI Number NOT APPLICABLE	
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, DAVID G ESQ 1401 E. BROWARD BLVD., #200 FORT LAUDERDALE, FL 33301				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 4-3-06 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME MINOFF, BARRY J		TITLE Managing Member		
STREET ADDRESS 19400 NORTH PARK BLVD.	CITY-ST-ZIP SHAKER HEIGHTS, OH 44122		NAME Minoff, Barry J., Trustee, under the		
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	STREET ADDRESS 		CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			NAME 		
STREET ADDRESS 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			NAME 		
STREET ADDRESS 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			NAME 		
STREET ADDRESS 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<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 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:  DATE 4-3-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					