

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90042 040 \*\*\*\*50.00

**DOCUMENT # L04000022123**

1. Entity Name  
**SOUTH DADE EZ VENTURES LLC**



Principal Place of Business  
**3050 BISCAYNE BOULEVARD, STE. 300  
MIAMI, FL 33137**

Mailing Address  
**3050 BISCAYNE BOULEVARD, STE. 300  
MIAMI, FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1140472**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINNIE, BRIAN K  
MIAM-DADE EMPOWERMENT TRUST, INC.  
3050 BISCAYNE BLVD., SUITE #300  
MIAMI, FL 33137**

Name  
**Justina Millan-Clegg**  
Street Address (P.O. Box Number is Not Acceptable)  
**Miami-Dade Empowerment Trust, Inc.**  
**3050 Biscayne Blvd., Suite #300**  
City  
**Miami** **FL** Zip Code  
**33137**

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 **Justina Millan-Clegg, Chief Officer for Real Estate Dev.**  
(NOTE: Registered Agent signature required when reinstating) DATE **01/09/06**

**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  
**CEOP  
FINNIE, BRYAN K  
3050 BISCAYNE BLVD., SUITE #300  
MIAMI, FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WALLACE, AUNDRA C  
3050 BISCAYNE BLVD., SUITE #300  
MIAMI, FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 608, Florida Statutes.

SIGNATURE: **Aundra C. Wallace** **Aundra C. Wallace** **01/09/06** **(305) 9372-7620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #