

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000023452**

1. Entity Name  
ZIMA FLORIDA I, LLC



Principal Place of Business  
1567 PRESIDENTIAL WAY  
MIAMI, FL 33179 US

Mailing Address  
1567 PRESIDENTIAL WAY  
MIAMI, FL 33179 US

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**



01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1092035

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BENTATA, ARIEL J  
664 EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GOLDSTEIN, DANIEL  
STREET ADDRESS 1567 PRESIDENTIAL WAY  
CITY-ST-ZIP MIAMI, FL 33179

TITLE MGR  
NAME HAFEITZ, CLAUDETTE  
STREET ADDRESS 1567 PRESIDENTIAL WAY  
CITY-ST-ZIP MIAMI, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000404378  
02/06/06-80045-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

*JAN 23/06*

*305-469-0154*

Date

Daytime Phone #