



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90040 041 ****50.00

DOCUMENT # L04000026234 1. Entity Name ASTRA CAPITAL PARTNERS, L.L.C.					
Principal Place of Business C/O CONTINENTAL RREALTY CORPORATION 2255 GLADES ROAD, 223 ATRIUM BOCA RATON, FL 33431			Mailing Address C/O CONTINENTAL RREALTY CORPORATION 2255 GLADES ROAD, 223 ATRIUM BOCA RATON, FL 33431		
2. Principal Place of Business C/O CONTINENTAL REALTY CORP.		3. Mailing Address C/O CONTINENTAL REALTY CORP.			
Suite, Apt. #, etc. (SAME AS ABOVE)		Suite, Apt. #, etc. (SAME AS ABOVE)			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2633307	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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	MGRM ORGANEK, EMANUEL 2255 GLADES ROAD, STE 223 A BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, C J 504 NE 6TH AVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  4/19/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2633307

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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