

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 06, 2006  
Secretary of State**

DOCUMENT# L04000031123

Entity Name: PERFECT ACQUISITIONS BUILDING, LLC

**Current Principal Place of Business:**

2699 S BAYSHORE DR, 7TH FLOOR  
MIAMI, FL 33133

**New Principal Place of Business:**

1000 LINCOLN ROAD, SUITE 208  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

2699 S BAYSHORE DR, 7TH FLOOR  
MIAMI, FL 33133

**New Mailing Address:**

1000 LINCOLN ROAD, SUITE 208  
MIAMI BEACH, FL 33139

FEI Number: 90-0172371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPCO, INC.  
2699 S BAYSHORE DR, 7TH FLOOR  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

WISS & KRIMSHEIN, P.A.  
1000 LINCOLN ROAD, SUITE 208  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: ANNA KRIMSHEIN

07/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HERNANDEZ, KEVIN A  
Address: 2699 S. BAYSHORE DRIVE, 7TH FLOOR  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HERNANDEZ, KEVIN A  
Address: 1000 LINCOLN ROAD, SUITE 208  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN A HERNANDEZ

MGR

07/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date