

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90037 034 ****50.00

DOCUMENT # L04000037326

1. Entity Name

13005 BISCAYNE BOULEVARD, LLC



Principal Place of Business

C/O 20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 US

Mailing Address

C/O 20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 US



04292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1395865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
C/O 20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180

**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	JANOWSKI, ESTANISLAO
STREET ADDRESS	C/O 20801 BISCAYNE BLVD, SUITE 501
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**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

4/28/06

Date

305 893 3325

Daytime Phone #