


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90080 012 ****50.00

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|---|---|
| DOCUMENT # L04000039219 |  |
| 1. Entity Name IRVING KAHN TAMPA LLC | |

| | |
|--|--|
| Principal Place of Business 4630 PINE TREE DRIVE MIAMI BEACH, FL 33140 | Mailing Address 4630 PINE TREE DRIVE MIAMI BEACH, FL 33140 |
|--|--|



07212006 No Chg-LLC CR2E083 (11/05)

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| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-1183734 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

KAHN, IRVING
4630 PINE TREE DRIVE
MIAMI BEACH, FL 33140

**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.

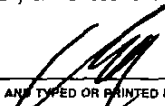
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 6, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KAHN, IRVING 4630 PINE TREE DRIVE MIAMI BEACH, FL 33140 |
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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:  DATE: 7/24/06 DAYTIME PHONE #: 954-485-0642

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