## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000053356

1. Entity Name SW 110TH AVENUE, LLC



FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

C/O NORMAN NIERENBERG 12000 S.W. 88TH AVENUE MIAMI, FL 33176 Mailing Address

C/O NORMAN NIERENBERG 12000 S.W. 88TH AVENUE MIAMI, FL 33176



04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2160086 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

Wormen M.

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

SIGNATURE:

TURK, HAROLD J ESQ. 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

|  |  | IIN I   | INIS 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 rematating)  |  |         | DATE                                     |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  |         |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRP<br>NIERENBERG, NORMAN<br>12000 SW 88 AVE<br>MIAMI, FL 331765202 | e saate | U00000520874<br>05/02/06-20112-019 50_00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip   |  | DO      | NOT WRITE                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | IN 7    | THIS SPACE                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |         |  |
| 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. |  |         |  |

M. Nierensam