

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90193 040 \*\*\*\*50.00

**DOCUMENT # L04000056848**

1. Entity Name  
**MONAH PROPERTIES, LLC**



Principal Place of Business

**102 N.E. 2ND STREET  
351  
BOCA RATON, FL 33432**

Mailing Address

**2310 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020**

**DO NOT WRITE IN THIS SPACE**



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1453543**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LISZT, JOSH ESQ.  
150 E. DAVIE BOULEVARD  
201  
FORT LAUDERDALE, FL 33316**

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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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCHWAM, RANDI H  
102 N.E. 2ND STREET, NO. 351  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MONCARZ, ROCHELLE  
102 N.E. 2ND STREET, NO. 351  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SKLAR, ANA YAGID (SKLAR YAGID)  
2310 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #