


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90070 042 ****50.00

DOCUMENT # L04000061771 1. Entity Name 2703 LA PERLA, LLC	
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Principal Place of Business 2999 N.E. 191 STREET, STE. 900 C/O ADAM R. SCHIFFMAN, P.A. AVENTURA, FL 33180	Mailing Address 2999 N.E. 191 STREET, STE. 900 C/O ADAM R. SCHIFFMAN, P.A. AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE

20041009



03202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2997053	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

SCHIFFMAN, ADAM R ESQ.
2999 N.E. 191 STREET, STE. 900
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

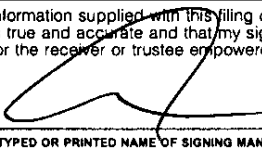
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHIFFMAN, ADAM R 2999 N.E. 191 STREET, STE. 900 AVENTURA, FL 33180
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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:  **4/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #