



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000074146</b>		
1. Entity Name <b>MIAMI ROAD PARTNERS, LLC</b>		
Principal Place of Business <b>736 PARK PLACE WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>P.O. BOX 21094 FORT LAUDERDALE, FL 33335 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>RIDOLFO, PHILLIP T JR., ESQ ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUCE, RICHARD 736 PARK PLACE WEST PALM BEACH, FL 33401	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUCE, JANET 736 PARK PLACE WEST PALM BEACH, FL 33401	
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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.  <b>SIGNATURE: </b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <b>19 Jan. 2006</b> <small>Date Daytime Phone #</small>		



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1743179**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

1100000403956  
02/06/06-80028-003 50.00

1100000390163  
01/31/06-80024-021 150.00