


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**


06-19-2006 90368 011 \*\*\*\*50.00

<b>DOCUMENT # L04000075648</b>	
1. Entity Name <b>INWOOD PROPERTY INVESTMENTS, LLC</b>	

Principal Place of Business <b>1314 E LAS OLAS BLVD #285 FT. LAUDERDALE, FL 33301</b>	Mailing Address <b>1314 E LAS OLAS BLVD #285 FT. LAUDERDALE, FL 33301</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**20047430**



06062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>APPLIED FOR 201772362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>GARBATI, MARIA CLARA 1314 E LAS OLAS BLVD #285 FT. LAUDERDALE, FL 33301</b>	

7. Name and Address of New Registered Agent	
Name <b>ARAZONA FERNANDEZ TRAGA P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>2100 Salzedo St. Suite 300</b>	
City <b>Coral Gables</b>	FL Zip Code <b>33134</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.

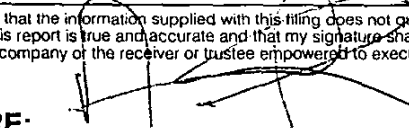
SIGNATURE  DATE **6/12/06**

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

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR INWOOD PROPERTY INVESTMENTS INC 200 S BISCAYNE BLVD., #4100 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR INWOOD PROPERTY INVESTMENTS INC 1314 E. LAS OLAS BLVD #285 FT. LAUDERDALE FL. 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **06/07/2006 954 653 3123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #