

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076267

Entity Name: 15677 SW 17TH TERRACE, LLC

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

15677 SW 17TH TERRACE
MIAMI, FL 33186

New Principal Place of Business:

10201 SW 128 STREET
MIAMI, FL 33176

Current Mailing Address:

15677 SW 17TH TERRACE
MIAMI, FL 33186

New Mailing Address:

10201 SW 128 STREET
MIAMI, FL 33175

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBONNET, JOHINES
15677 SW 17TH TERRACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

IBONNET, JOHINES
10201 SW 128 STREET
MIAMI, FL 33176 US

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.

SIGNATURE: JOHINES IBONNET

03/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IBONNET, JOHINES
Address: 15677 SW 17TH TERRACE
City-St-Zip: MIAMI, FL 33185 US

Title: MGRM () Delete
Name: IBONNET, OMAR
Address: 15677 SW 17TH TERRACE
City-St-Zip: MIAMI, FL 33185 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IBONNET, JOHINES
Address: 10201 SW 128 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM (X) Change () Addition
Name: IBONNET, OMAR
Address: 10201 SW 128 STREET
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHINES IBONNET

MGRM

03/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date