

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089398

Entity Name: 4920 PROPERTIES, LLC

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

% RONALD R. FIELDSTONE  
201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

6817 SW 81 TERRACE  
MIAMI, FL 33143

**Current Mailing Address:**

% RONALD R. FIELDSTONE  
201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33134

**New Mailing Address:**

6817 SW 81 TERRACE  
MIAMI, FL 33143

FEI Number: 20-2080837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEAR, DAVID  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 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: RONALD R. FIELDSTONE

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHEAR, GARY  
Address: 201 ALHAMBRA CIRCLE, STE 601  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHEAR, GARY  
Address: 6817 SW 81 TERRACE  
City-St-Zip: MIAMI, FL 33143

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: GARY SHEAR

MGRM

04/26/2006

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