

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90043 049 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000092725					
1. Entity Name MY FIRST HOUSE FLORIDA LLC					
Principal Place of Business 301 WEST 53RD STREET NEW YORK, NY 10019			Mailing Address 301 WEST 53RD STREET NEW YORK, NY 10019		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent PHOENIX, CHARLES PT ESO 12800 UNIVERSITY DRIVE, SUITE 260 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Perlman, Yevoli & Albright, P.L. Street Address (P.O. Box Number is Not Acceptable) 1500 N. Federal Hwy, Suite 250 City Fort Lauderdale FL Zip Code 33304		
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 		, Jason E. Perlman, Pres.		DATE April 13, 2006	
Filing Fee is \$50.00 Due by May 1, 2006		With check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, HOWARD DDS 301 WEST 53RD STREET NEW YORK, NY 10019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEMIN, ROBERT 301 WEST 53RD STREET NEW YORK, NY 10019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLMAN, RON 301 WEST 53RD STREET NEW YORK, NY 10019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			Date 4/14/06 212-581-5531		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		