2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000093010

1. Entity Name
MIDTOWN MIAM! REAL ESTATE, LLC



Principal Place of Business
C/O CHARLES J. GOLDMAN
804 OCEAN DRIVE, 2ND FLOOR
MIAM! BEACH, FL 33139

Mailing Address

C/O CHARLES J. GOLDMAN 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139

FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90178 021 ****55.00



01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2050246 Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E ESQ. 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE:	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Agent signature required when reinstating) DATE
f Fi	iling Fee is \$50.00 ue by May 1, 2006	
9	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM : ,- GOLDMÁN, CHARLES J 804 OCEÁN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE		

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

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 embowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP:55-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #