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Jun 15, 2006 8:00 am
Secretary of State

05-09-2006 90010 016 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002252

1. Entity Name
RICHARD ROSENTHAL, LLC

30010387

04252006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
9360 SUNSET DRIVE STE. 200 MIAMI, FL 33173	9360 SUNSET DRIVE STE. 200 MIAMI, FL 33173

2. Principal Place of Business		3. Mailing Address	
8000 SW 117 Ave		8000 SW 117 Ave	
Suite, Apt. #, etc.: Ph-A		Suite, Apt. #, etc.: Ph-A	
City & State: Miami Fl		City & State: Miami Fl	
Zip: 33183	Country: US	Zip: 33183	Country: US

4. FEI Number 43-2070837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMCHICK, BRUCE
9130 S. DADELAND BLVD STE. 1101
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENTHAL, RICHARD 9360 SUNSET DRIVE STE. 200 MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000 SW 117 Ave Ph-A Miami Fl 33183	☒ 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
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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: [signature] 1-12-06 305-412-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #