2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90169 041 ****50.00

DOCUMENT # L05000002813

1. Entity Name
8660 W. FLAGLER, LLC

Principal Place of Business	Mailing Address
7700 N KENDALL DR. 405 MIAMI, FL 33156	7700 N KENDALL DR. 405 MIAMI, FL 33156

01092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
8660 W. FLAGLER ST	8660 W. FLAGLER ST
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200
City & State MIAMI FL	City & State MIAMI FL
Zip 33144 Country USA	Zip 33144 Country USA

4. FEI Number 20 - 2136526 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEITMAN, LORN 7700 N KENDALL DR 405 MIAMI, FL 33156	Name LORN LEITMAN Street Address (P.O. Box Number is Not Acceptable) 8660 W. FLAGLER ST, #200 City MIAMI **FL** Zip Code 33144

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	~~MGRM~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORN LEITMAN 8660 W. Flagler St. #200 MIAMI FL 33144	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TED BENGHIAT 8660 W. Flagler St. #200 MIAMI FL 33144	☐ 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: (Lorn Leitman) MGRM 1/2/06 305-227-5776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #