

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/19/2006-90020-039-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:00

DOCUMENT # L05000003695  
1. Entity Name  
LITTLE RIVER POST OFFICE, LLC




Principal Place of Business: 8365, 8395, & 8397 N.E. 2ND AVENUE, MIAMI, FL 33138  
Mailing Address: 167 NW 25TH STREET, MIAMI, FL 33127

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

20032512



04052008 Chg-LLC CR2E083 (11/05)  
4. FEI Number: 26-0105193 Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
LOMBARDI, DAVID  
167 NW 25TH STREET  
MIAMI, FL 33127

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

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: MGR NAME: LOMBARDI, DAVID L. STREET ADDRESS: 167 NW 25TH STREET CITY-ST-ZIP: MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE: _____ NAME: LOMABARDI, DAVID L. STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: MIRANDA, WILLIAM J. STREET ADDRESS: 8385, 8395 & 8397 NE 2ND AVE. CITY-ST-ZIP: MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information submitted 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  David Lombardi  
Date: 4/17/06 3056951600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE