

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2006 90038 006 ****50.00

DOCUMENT # L05000004585

1. Entity Name
A & L REAL ESTATE HOLDINGS, LLC



Principal Place of Business
**7700 N KENDALL DR. #405
MIAMI, FL 33156**

Mailing Address
**7700 N KENDALL DR. #405
MIAMI, FL 33156**

2. Principal Place of Business
**8660 W. FLAGLER ST
Suite, Apt. #, etc. #200**

3. Mailing Address
**8660 W. FLAGLER ST
Suite, Apt. #, etc. #200**



01092006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI FL
Zip
33144 Country
USA

City & State
MIAMI FL
Zip
33144 Country
USA

4. FEI Number
20-231917A Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEITMAN, LORN
7700 N KENDALL DR, #405
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITMAN, LORN 7700 N KENDALL DR, #405 MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITMAN, ALEXANDRA 7700 N KENDALL DR., #405 MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8660 W. FLAGLER ST, #200 MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8660 W. FLAGLER ST, #200 MIAMI FL 33144
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/06 305-227-5176
Date Daytime Phone #