

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90084 032 ****50.00

20004989



DOCUMENT # L05000021904 1. Entity Name REGATTA 2, L.L.C.			
Principal Place of Business 2875 N.E. 91 STREET SUITE 801 AVENTURA, FL 33180		Mailing Address 2875 N.E. 91 STREET SUITE 801 AVENTURA, FL 33180	
2. Principal Place of Business 2875 NE 191 Street Suite, Apt. #, etc. Suite 801 City & State AVENTURA FL Zip 33180		3. Mailing Address 2875 NE 191 Street Suite, Apt. #, etc. Suite 801 City & State AVENTURA FL Zip 33180	
Country USA		Country USA	
4. FEI Number 20-2458768		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01302006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SERBER, DANIEL J TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180		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 _____ (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 AROYA L.L.C. 2875 N.E. 91 STREET AVENTURA, FL 33180 <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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/30/06	Daytime Phone # 305-494-3923