


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-24-2006 90070 046 \*\*\*\*50.00

<b>DOCUMENT # L05000022729</b>		
1. Entity Name <b>373 OKEECHOBEE CITY, LLC</b>		

Principal Place of Business <b>1420 BISCAYA DRIVE SURFSIDE FL 33154 US</b>	Mailing Address <b>1420 BISCAYA DRIVE SURFSIDE FL 33154 US</b>
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2. Principal Place of Business <b>696 NE 125 ST.</b>	3. Mailing Address <b>696 NE 125 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>M. MIAMI, FL</b>	City & State <b>M. MIAMI, FL</b>	4. FFL Number <b>20-2443731</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33161</b>	Country <b>USA</b>	Zip <b>33161</b>	Country <b>USA</b>

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent <b>ROBERT A. BRANDT, P.A. 1110 BRICKELL AVENUE PH-1 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IZHAK, YORAM 1420 BISCAYA DRIVE SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IZHAK, YORAM 696 NE 125 ST M. MIAMI, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERIZO, TOMAS 11000 NW 92 TERRACE MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERIZO, TOMAS 6340 SUNSET DRIVE MIAMI, FL 33143 <input checked="" 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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **YORAM IZHAK** 4/10/06 305-892 9755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #