

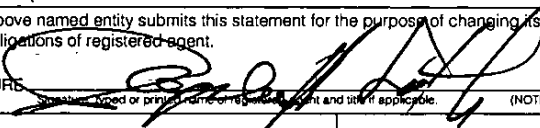
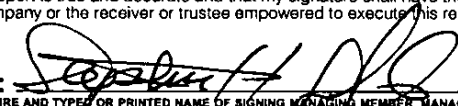


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90035 049 ****50.00

DOCUMENT # L05000024180 1. Entity Name 4299 MIAMI SPRINGS, LLC																																																																													
Principal Place of Business % BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431			Mailing Address % BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431																																																																										
2. Principal Place of Business c/o Stephen H. Smith		3. Mailing Address c/o Stephen H. Smith																																																																											
Suite, Apt. #, etc. 8725 N.W. 18th Ter., #105		Suite, Apt. #, etc. 8725 N.W. 18th Ter., #105																																																																											
City & State Miami, FL		City & State Miami, FL																																																																											
Zip 33172	Country USA	Zip 33172	Country USA																																																																										
4. FEI Number 320142454				Applied For <input type="checkbox"/> Not Applicable																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01062006 Chg-LLC CR2E083 (11/05)																																																																									
6. Name and Address of Current Registered Agent OLIVER, BERT R 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431																																																																													
7. Name and Address of New Registered Agent Name Stephen H. Smith Street Address (P.O. Box Number is Not Acceptable) c/o ComReal Miami, Inc. 8725 NW 18th Terrace, Suite 105 City Miami FL Zip Code 33172																																																																													
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 1/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																													
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;">MGR</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLIVER, BERT R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2060 N.W. BOCA RATON BOULEVARD, SUITE 6</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	OLIVER, BERT R		STREET ADDRESS	2060 N.W. BOCA RATON BOULEVARD, SUITE 6		CITY - ST - ZIP	BOCA RATON, FL 33431		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:  Stephen H. Smith 1/9/06 305-591-3044 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																													