## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT #L05000026393 1. Entity Name 04-13-2006 90042 027 \*\*\*\*50.00 119 PRESTON C, LLC Principal Place of Business Mailing Address 7568 REGENCY LAKE DRIVE, SUITE 802 7568 REGENCY LAKE DRIVE, SUITE 802 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE ☐ Change ■ Addition NAME SOROKA, MARSHA A NAME STREET ADDRESS 7568 REGENCY LAKE DRIVE, SUITE 802 STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33433 CITY-ST-ZIP ST TITLE ☐ Delete TITLE Change ☐ Addition NAME SOROKA, MARSHA A NAME STREET ADDRESS 7568 REGENCY LAKE DRIVE, SUITE 802 STREET ADDRESS CHY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

4/10/06

**FILED**