


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jul 25, 2006 8:00 am
Secretary of State

05-02-2006 90047 024 ****50.00

DOCUMENT # L05000028194

1. Entity Name
 102 CALEDONIA DR., LLC



Principal Place of Business
 2101 N.W. 110TH AVENUE
 MIAMI, FL 33172

Mailing Address
 2101 N.W. 110TH AVENUE
 MIAMI, FL 33172

30012152



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04122008 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-5841358

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 JONATHAN H. GREEN & ASSOCIATES, P.A.
 799 BRICKELL PLAZA, STE. 700
 MIAMI, FL 33131

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.

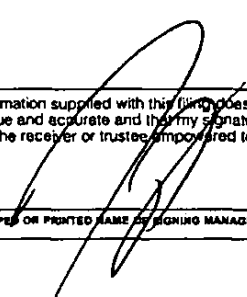
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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	MGRM L.A.G. LIMITED PARTNERSHIP 2101 N.W. 110TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  DATE: 4/20/06 DAYTIME PHONE #: 305-392-5416