


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-02-2006 90047 022 \*\*\*\*50.00

**DOCUMENT # L05000028353**  
 1. Entity Name  
 23950 S.W. 132ND AVE. LOT, LLC



Principal Place of Business  
 2101 NW 110TH AVE  
 MIAMI, FL 33172

Mailing Address  
 2101 NW 110TH AVE  
 MIAMI, FL 33172

---- 30012160



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number: **20-5241924** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
<i>MGRM L.A.G. Limited Partnership 2101 NW 110TH AVE MIAMI, FL 33172</i>			
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: \_\_\_\_\_ DATE: **4/27/06** DAYTIME PHONE: **305-392-5416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER/MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE