


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90060 030 ****50.00

DOCUMENT # L05000029302	
1. Entity Name VAN BUREN PROPERTY HOLDINGS, LLC	

Principal Place of Business 2408 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020	Mailing Address 2408 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020
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2. Principal Place of Business 235 S. 21 Ave Suite, Apt. #, etc. Hollywood, FL	3. Mailing Address 235 S. 21 Ave Suite, Apt. #, etc.
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City & State Hollywood, FL	City & State Hollywood, FL
Zip 33020 Country USA	Zip 33020 Country

00040507



04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2572196	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEINKLE, BARNEY 2408 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020
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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.

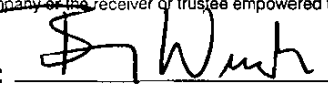
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) **DATE** _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME WEINKLE, BARNEY	
STREET ADDRESS 2408 HOLLYWOOD BOULEVARD	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
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	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 235 S. 21 Ave	
STREET ADDRESS Hollywood FL. 33020	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:  **4/29/06 904-926-0481**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #