

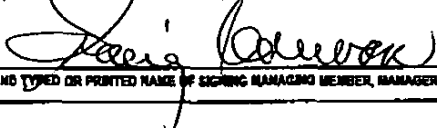
JUN-13-2006 10:43

MAHONEY COHEN CO

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90044 009 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                                                                                                  |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L05000032599</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                 |                                                                   |
| 1. Entity Name<br>IMZ INVESTMENTS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>1801 COLLINS AVENUE<br>MIAMI BEACH, FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            | Mailing Address<br>1801 COLLINS AVENUE<br>MIAMI BEACH, FL 33139                                                                  |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | 3. Mailing Address<br>3725 So. OCEAN DR                                                                                          |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | Suite, Apt. #, etc.<br>#718                                                                                                      |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | City & State<br>HOLLYWOOD FL                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                    | Zip                                                                                                                              | Country                                                           |
| 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | USA                                                                                                        | 20-2916961                                                                                                                       | 4. FEI Number                                                     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                   |
| 8. Name and Address of Current Registered Agent<br>HEIDT, MICHAEL<br>4000 HOLLYWOOD BLVD., SUITE 735 SOUTH<br>MIAMI BEACH, FL 33139                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |
| 9. 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<br>Due by September 8, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IRVING LOWEN<br>MANAGING member<br>3725 So. OCEAN DR<br>HOLLYWOOD FL 33019 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | 7/10/06 9544588998                                                                                                               |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | Date Daytime Phone #                                                                                                             |                                                                   |