2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035792

Entity Name: POTAMKIN DEVELOPMENT I-95, LLC

FILED Apr 25, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2333 PONCE DE LEON BLVD 6600 COWPEN ROAD 200

SUITE 550

CORAL GABLES, FL 33134 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

2333 PONCE DE LEON BLVD 6600 COWPEN ROAD

SUITE 550 200 CORAL GABLES, FL 33134 MIAMI LAKES, FL 33014

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUSTIN, MICHELLE ESQ. HICKEY, JOHN ESQ. 2333 PONCE DE LEON BLVD 6600 COWPEN ROAD SUITE 550 200

CORAL GABLES, FL 33134 US MIAMI LAKES, FL 33014 US

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.

SIGNATURE: JOHN HICKEY 04/25/2006

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete

(X) Change () Addition POTAMKIN, ROBERT M POTAMKIN, ROBERT M Name: Name: 7714 FISHER ISLAND DRIVE Address: 6600 COWPEN ROAD Address: City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: MIAMI LAKES, FL 33014

(X) Change () Addition Title: MGRM () Delete Title: CHMN

Name: POTAMKIN, ALAN H Name: POTAMKIN, ALAN H Address: ONE CASUARINA CONCOURSE Address: 6600 COWPEN ROAD City-St-Zip: CORAL GABLES, FL 33143 City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete Title: () Change (X) Addition

PFEIFER, ANDREW Name: Name: 6600 COWPEN ROAD Address: Address: City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete Title: T/S () Change (X) Addition

Name: Name: YUSKO, DAVID 6600 COWPEN ROAD Address: Address: City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW PFEIFER 04/25/2006