

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000038023

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** CONDOMINIUM PRILA, L.L.C.

**Current Principal Place of Business:**

1201 BRICKELL AVENUE, SUITE 430  
MIAMI, FL 33131

**New Principal Place of Business:**

45 STAR ISLAND DRIVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1201 BRICKELL AVENUE, SUITE 430  
MIAMI, FL 33131

**New Mailing Address:**

45 STAR ISLAND DRIVE  
MIAMI BEACH, FL 33139

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LABRADA, FERNANDO A  
1201 BRICKELL AVENUE, SUITE 430  
MIAMI, FL 33131 US

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

LEICHTLING, ADAM B  
255 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134 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: ADAM B. LEICHTLING

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LABRADA, FERNANDO  
Address: 1201 BRICKELL AVENUE, SUITE 430  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LABRADA, JEAN V  
Address: 45 STAR ISLAND DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

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: JEAN V. LABRADA

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date