

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000039201

1. Entity Name
51 W SHORE LLC



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

06 MAY 12 AM 10:17

Principal Place of Business 1355 BISCAYA DRIVE - SURFSIDE, FL 33154	Mailing Address 1355 BISCAYA DRIVE SURFSIDE, FL 33154
---	---



2. Principal Place of Business 1460 NW 107 AVE	3. Mailing Address 1460 NW 107 AVE
Suite, Apt. #, etc. STE: N	Suite, Apt. #, etc. STE: N

05112006 Chg-LLC CR2E083 (11/05)

City & State Miami, FL	City & State Miami, FL
Zip 33172	Zip 33172
Country	Country

4. FEI Number 20-4855840	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FITO, ALBA V
1355 BISCAYA DRIVE
SURFSIDE, FL 33154**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1460 NW 107 AVE STE: N

City **Miami** FL Zip Code **33172**

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 re-registering) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM <input type="checkbox"/> Delete	NAME FITO, ALBA V
STREET ADDRESS 1355 BISCAYA DRIVE	CITY - ST - ZIP SURFSIDE, FL 33154
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
STREET ADDRESS 1460 NW 107 AVE STE: N	CITY - ST - ZIP Miami, FL 33172
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 500075101545	CITY - ST - ZIP 05/23/06--01048--011 **150.00
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 606, Florida Statutes.

SIGNATURE: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #