2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # L05000043134 1. Entity Name 3120 ASSOCIATES, LLC.		134			04-11-2006 9	90014 039 ****	50.00	
Principal Plac		Mailing Address						
450 NE 32 STREET Miami, FL 33137 US		450 NE 32 STREET Miami, FL 33137 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		0.50 6	22212		Applied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	☐ \$5.00 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent	Nama	7. Name and	Address of New Ro	egistered Agent		
GOLDSTEIN, TANEN & TRENCH, P.A.		Name			OO Park Marketin Mark			
TWO SOUTH BISCAYNE BOULEVARD SUITE 3700		Street Address		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
MIAMI, FL 33131						·····		
i 			City	,		FL Zip Co		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or reg	istered agent, or bo	ith, in the State of Floi	rida. I am familiar with	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2006								
Fi Di	iling Fee is \$50.00 ue by May 1, 2006					check payable to Department of Sta	ite	
Fi Di	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE	RS/MANAGERS	10.			Department of Sta	ite	
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE		Florida	Department of Sta	de Addition	
9.	ue by May 1, 2006 MANAGING MEMBE				Florida	Department of Sta		
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MRGM WOHL, ROBERT 450 NE 32 STREET MIAMI, FL 33137	Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of Sta	☐ Addition	
9. IITLE NAME STREET ADDRESS	MANAGING MEMBE MRGM WOHL, ROBERT 450 NE 32 STREET		TITLE NAME STREET ADDRESS		Florida	Department of Sta		
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MRGM WOHL, ROBERT 450 NE 32 STREET MIAMI, FL 33137 MRGM GOLD, MICHAEL 450 NE 32 STREET	Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	Department of Sta	☐ Addition	
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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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305 573.8992