


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90108 029 \*\*\*\*50.00

DOCUMENT # L05000046979  
 1. Entity Name  
 UNITED PROPERTIES OF FLORIDA, LLC




Principal Place of Business      Mailing Address  
 1813A 58TH STREET      1813A 58TH STREET  
 BROOKLYN, NY 11205 US      BROOKLYN, NY 11205 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07132006    Chg-LLC    CR2E083 (11/05)  
 4. FEI Number      Applied For  
 20-2925225      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COHEN, BARRY R  
 1021 IVES DAIRY ROAD  
 SUITE 111  
 MIAMI, FL 33179

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 6, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WASSERLAUF, RACHEL 1813A 58TH STREET BROOKLYN, NY 11205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WASSERLAUF, RACHEL 1813A 58TH STREET BROOKLYN, NY 11205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Rachel Wasserlauf*      Date: *8/28/06*      Daytime Phone # \_\_\_\_\_

Miami-Dade County Prop. Appraiser  
 111 NW 1st St, Ste 710  
 Miami, FL 33128-1984

**ATTACHMENT**

20053622  
 # L0 50004699

Tangible Personal Property Tax Return 1019  
 Confidential §§193.074 F.S.  
 As Required by §§193.052 & 193.062 F.S. Return to  
 County Property Appraiser By April 1 to Avoid Penalties  
 State of Florida, County of **Miami-Dade**

Business Name (DBA - Doing Business As) and  
 Mailing Address

**UNITED PROPERTIES OF FLORIDA, LLC**  
 1813A 58TH STREET  
 BROOKLYN, NY 11205

Federal Employer Iden. No  
 20-2925225  
 Social Security Number  
 NAICS/SIC 531110

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.

Name **R. WASSERLAUF** Telephone

Corporate Name **UNITED PROPERTIES OF FLORIDA**

2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)

**1813A 58TH STREET**

3. Is your business or farm located within the incorporated limits of a City? Yes  No

What City? **HIALEAH**

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No

Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or  
 Other Current Tax Return.

5. Date you began business in this county: **05/11/05**

Fiscal year: **12/31/2005**

5a. Although my fiscal year ended prior to Dec. 31 of the past calendar year, this return reflects property additions and deletions through Dec. 31. Yes No

6. Describe Type or Nature of Your Business: **RENTAL**

7. Trade Level (Check as many as apply) Retail  Wholesale  Manufacturing

Professional  Service  Agriculture  Leasing/Rental  Other

8. Did you file a Tangible Personal Property Return in this county last Year? Yes No

If so, under what name and where?

9. Former owner of the Business:

9a. If Business sold, to whom?

Date Sold

Personal Property Summary THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on PAGE 2 must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.	Taxpayer's Estimate of Fair Market Value	Original Installed Cost	Appraiser's Use only
10. Office Furniture & Office Machines & Library			
11. EDP Equipment, Computers, Word Processors			
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances	3,700,000.	3,700,000.	
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.			
20. Leasehold improvements must be grouped by type, year of installation and description			
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale			
24. Other - Please Specify	115,225.	115,225.	
<b>TOTAL PERSONAL PROPERTY</b>	<b>3,815,225.</b>	<b>3,815,225.</b>	

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE TITLE

SIGNED (TAXPAYER)

SIGNED (PREPARER)

ADDRESS **Komendant & Dancziger CPA's**  
**New York, New York 10038**

PHONE NO. **212-385-9760** PREPARER'S I.D. # **100-50-8602**

LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND  
 ( ) TOTAL DISABILITY ( ) OTHER

Taxable value

Deputy

Penalty

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

544021  
 05-01-05

Schedules on Page 2 must be completed in Full.

DR-405  
 R. 11/01

