2006 LIMITED LIABILITY COMPANY

Aug 28, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000046979 08-28-2006 90108 029 ****50.00 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. 07132006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-2925225 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, BARRY R 🖚 1021 IVES DAIRY ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 111 MIAMI, FL 33179 City 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. 1 am familiar with, and accept the obligations of registered agent. Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition WASSERLAUF, RACHEL NAME STREET ADDRESS 1813A 58TH STREET STREET ADDRESS CITY - ST - ZIP BROOKLYN, NY 11205 CITY-ST-7/P **MGRM** TITLE ☐ Delete TITLE □ Change ☐ Addition NAME WASSERLAUF, RACHEL NAME STREET ADDRESS **1813A 58TH STREET** STREET ADDRESS CITY - ST - ZIP BROOKLYN, NY 11205 CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

11. I hereby certify that the information supplied with this filling 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 Statute:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGE

STREET ADDRESS

CITY+ST-ZIP

OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

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

Apprais ATTACHMENT

Tangible Personal Property Tax Return 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

As Required by §§193.052 & 193.062 F.S. Ret County Property Appraiser By April 1 to Avoid F State of Florida, County of Miami-Dad Mailing Address

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

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$A(X_t)$		20-29	25225							
and the second s		Social S	ecurity Number							
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c										
If a base and address is incorrect make accompany corrections		NAICS/SIC	5 3 1 1 1 0							
If name and address is incorrect make necessary corrections	5. Date you began business in th		<u> </u>							
This return subject to audit with all records kept by you.	Fiscal year: 12/31/2	18 COUNTY: <u>03/11/03</u>								
Incomplete entries are subject to penalties.	5a. Although my fiscal year ended this return reflects property ad	prior to Dec. 31 of the past calen	dar year,							
**************************************			c. 31. Yes No							
Please give name and telephone number of Owner or Person in charge of this Business.	Describe Type or Nature of Yo	Describe Type or Nature of Your Business: RENTAL								
Name R. WASSERLAUF Telephone	<u> </u>	·								
Corporate Name UNITED PROPERTIES OF FLORIDA	7. Trade Level (Check as many a		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)	Professional Service	Agriculture Leasing	Rental X Other							
1813A 58TH STREET	8. Did you file a Tangible Person	al Property Return in this county I	ast Year? YesNo_X							
3. 3 is your business or farm located within the incorporated limits of a City? Yes X No	if so, under what name and wi	nere?								
What City? HIALEAH										
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No X	9. Former owner of the Business:	·								
Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or	9a. If Business sold, to whom?	,,	<u></u>							
Other Current Tax Return.	Date Sold									
Personal Property Summary THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on PAGE 2 must be	Taxpayer's Estimate of	Original	Appraiser's							
completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or	Fair Market Value	Installed	Use only							
DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.		Cost								
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										
18. Hotel, Motel, & Apartment Complex										
16a Rental Units - Stove, Refrig., Furniture, Orapes & 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	115 225	115 225								
24. Other - Please Specify	115,225.	115,225.								
TOTAL PERSONAL PROPERTY Under penalties of perjury, I declare that I have read the foregoing tax return and the	3,815,445	<u>3,815,225.</u>								
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	LESS EXEMPTION: () WIDOW	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	BLIND							
is based on all information of which he/she has any knowledge.	<u> </u>	OTHER								
DATE TITLE	Taxable value									
SIGNED	Deputy Penalty									
(TAXPAYER)	Please sign and date you	r return, send the origin	al to the county							
SIGNED	appraiser's office by Apri	l 1, unsigned returns ca	nnot be accepted							
(PREPARER)	by the appraiser's office.									
ACCIPIESS Komendant & Dancziger CPA's										
New York, New York 10038	Notice: If you are entitled	•	_							
PHONE NO.212-385-9760 PREPARER'S LO. #100-50-8602	exemption on personal pr	roperty (not already clai	med on real estate)							
212 303 3700	consult appraiser.		ı							

Schedules on Page 2 must be completed in Full.

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ASSETS PHYSICALLY REMOVED DURING LAST	YEAR									T_		Reti	ired, S	old, Tra	ded, Etc.	
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