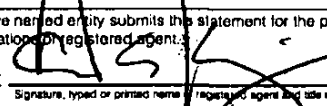
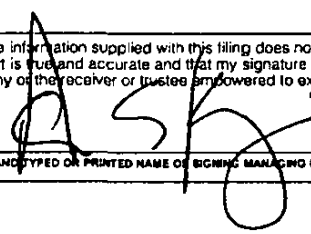


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-03-2006 90037 045 ****50.00

DOCUMENT # L05000052548					
1. Entity Name 4229 SEAGRAPE DRIVE, LLC					
Principal Place of Business C/O ALAN E. KRINZMAN 2525 PONCE DE LEON BLVD., SUITE 400 MIAMI, FL 33134			Mailing Address C/O ALAN E. KRINZMAN 2525 PONCE DE LEON BLVD., SUITE 400 MIAMI, FL 33134		
2. Principal Place of Business 8930 S.W. 115th Terrace Suite, Apt. #, etc.			3. Mailing Address 8930 S.W. 115th Terrace Suite, Apt. #, etc.		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33176		Country USA		Zip 33176	
				Country USA	
4. FEI Number 20-3037161				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KRINZMAN, ALAN E C/O ADORNO & YOSS, P.A. 2525 PONCE DE LEON BLVD., SUITE 400 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name Alan E. Krinzman Street Address (P.O. Box Number is Not Acceptable) 8930 S.W. 115th Terrace City Miami FL Zip Code 33176		
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  <u>Alan E. Krinzman</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/22/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRINZMAN, RICHARD H 1111 BRICKELL AVE., SUITE 2915 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRINZMAN, ALAN E 2525 PONCE DE LEON BLVD., SUITE 400 MIAMI, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alan E. Krinzman 8930 S.W. 115th Terrace Miami, Florida 33176 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <u>Alan E. Krinzman</u> Manager <u>4/22/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone (305) 351-1070					

30010586



04182006 Chg-LLC CR2E083 (11/05)