

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 01, 2006 8:00 am
Secretary of State

05-01-2006 90073 036 ****50.00

DOCUMENT # L05000053658					
1. Entity Name TP-5102, LLC					
Principal Place of Business C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180			Mailing Address C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired ☐				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R ESQ 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180					
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 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 SCHIFFMAN, ADAM R ESQ 2999 N.E. 191 STREET, #900 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
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	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4/28/06					
Daytime Phone #					

30009334



04032006 Chg-LLC CR2E083 (11/05)

ATTACHMENT

30009334

#LOS000053658

The attached are
all single
member LLCs

Per IRS

FEIN is not
applicable.

Thank you.