

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90036 048 \*\*\*\*50.00

**60001399**



<b>DOCUMENT # L05000055118</b> 1. Entity Name <b>CASHMERE COMMONS LLC</b>					
Principal Place of Business <b>2295 NW CORPORATE BLVD. SUITE 245 BOCA RATON, FL 33431</b>			Mailing Address <b>2295 NW CORPORATE BLVD. SUITE 245 BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>1197 S. Rogers Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>1197 S. Rogers Circle</b> Suite, Apt. #, etc.		01042006    Chg-LLC    CR2E083 (11/05)	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>20-2938145</b>	
Zip <b>33487</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LUPO, JACK P 2295 NW CORPORATE BLVD. SUITE 245 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name <b>1197 S. Rogers Circle</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUPO, JACK P 2295 NW CORPORATE BLVD., SUITE 245 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1197 S. Rogers Circle</b> <b>Boca Raton, FL 33487</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, DALE 2295 NW CORPORATE BLVD., SUITE 245 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1197 S. Rogers Circle</b> <b>Boca Raton, FL 33487</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Jack Lupo</b>			Date <b>1/6/06</b>		
			Daytime Phone # <b>561-998-7100</b>		