## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 13, 2006 8:00 am Secretary of State DOCUMENT # L05000056400 1. Entity Name 01-13-2006 90033 042 \*\*\*\*50.00 CALÓOSA SILK BAY BOULEVARD 127, L.L.C. Principal Place of Business Mailing Address 2800 WILLIAMS ISLAND, APARTMENT 2901 2800 WILLIAMS ISLAND, APAPTIMENT 2901 AMENTUPA FL 33160 AVENTUPA FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 20-3040848 Not Applicable Zip Country 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 MISHAAN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 2800 WILLIAMS ISLAND, APARTMENT 2901 AVENTURA, FL 33160 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (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 MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITE F Change ☐ Addition MISHAAN, SUSAN NAME ΝΔМ₽ STREET ADDRESS 2800 WILLIAMS ISLAND, APARTMENT 2901 STREET ADDRESS CITY-ST-ZIE AVENTURA, FL 33160 CITY-ST-ZIP Delete TITLE ПΠЕ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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 Statutes.

CITY-ST-ZIP

SIGNATURE: Susan Mushaan

CITY-ST-ZIP