


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90293 048 \*\*\*\*50.00

<b>DOCUMENT # L05000060221</b>	
1. Entity Name <b>COURTYARD IMPORTS, LLC</b>	

Principal Place of Business <b>2875 N.E. 191ST STREET, SUITE 400 AVENTURA, FL 33180</b>	Mailing Address <b>2875 N.E. 191ST STREET, SUITE 400 AVENTURA, FL 33180</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3010237</b>	Applied For <input type="checkbox"/> Not Applicable
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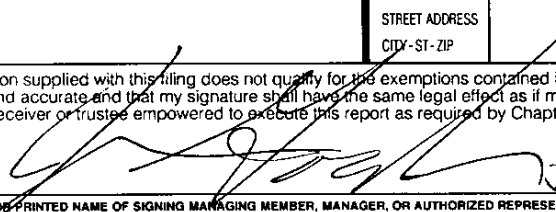
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>STEARNS WEAVER MILLER WEISSLER ALHADEFF &amp; SITTERSON, P.A. 150 WEST FLAGLER ST, STE 2 200 C/O RICHARD SCHATZ MIAMI, FL 33130</b>		Name <b>Joan Papadakis</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2875 N.E. 191st St., Suite 400</b>	
		City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</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 <b>Joan Papadakis</b>	<b>JOAN PAPADAKIS</b>	DATE <b>1/9/06</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>managing member Jason Gordon 2875 N.E. 191st Street, Suite 400 Aventura FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.		
<b>SIGNATURE:</b> 	<b>JASON GORDON</b>	02-16-06 305-370-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		