

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90138 028 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                   |                                                                                        |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000061478</b><br>1. Entity Name<br><b>2161 PROPERTY INVESTMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                   |                                                                                        |                                                                                                                   |  |
| Principal Place of Business<br><b>6065 N.W. 167TH STREET, SUITE B-12<br/>MIAMI LAKES, FL 33015</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                   | Mailing Address<br><b>6065 N.W. 167TH STREET, SUITE B-12<br/>MIAMI LAKES, FL 33015</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                                              |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                                   | City & State                                                                           |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | Country                                                           |                                                                                        | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 | Country                                                           |                                                                                        | 4. FEI Number<br><b>20-4352841</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                   |                                                                                        | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>GARCIA-OLIVER &amp; MAINIERI, P.A.<br/>782 N.W. LE JEUNE ROAD, SUITE 447<br/>MIAMI, FL 33126</b>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                   |                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                   |                                                                                        | FL Zip Code                                                                                                       |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                   |                                                                                        |                                                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | <b>Make check payable to<br/>Florida Department of State</b>      |                                                                                        |                                                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                   | <b>10. ADDITIONS/CHANGES</b>                                                           |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>STRUSS, GLORIA<br/>6065 N.W. 167TH STREET, SUITE B-12<br/>MIAMI LAKES, FL 33015</b> | <input type="checkbox"/> Delete                                   |                                                                                        |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                        |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                        |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                        |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                        |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                 | <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> <i>Gloria Struss</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                                   |                                                                                        |                                                                                                                   |  |
| Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                   |                                                                                        |                                                                                                                   |  |



Attachment  
30001164

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

2161 PROPERTY INVESTMENT, LLC  
6065 N.W. 167TH STREET, SUITE B-12  
MIAMI LAKES, FL 33015

Subject: 2161 PROPERTY INVESTMENT, LLC

Reference Number: L05000061478

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION