


FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90058 027 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000062310 1. Entity Name 5975 HOLDINGS, LLC	
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Principal Place of Business 5975 SUNSET DRIVE, STE. 601 SOUTH MIAMI, FL 33143	Mailing Address 5975 SUNSET DRIVE, STE. 601 SOUTH MIAMI, FL 33143
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20000774



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country	4. FEI Number 20--3055494	Applied For <input type="checkbox"/> Not Applicable
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01092006 Chg-LLC CR2E083 (11/05)

5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FELDMAN, EVAN M 5975 SUNSET DRIVE, STE. 601 SOUTH MIAMI, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR ASHLIND REALTY CORP. <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9121 SW 69 STREET		NAME		
STREET ADDRESS	MIAMI, FL 33173		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	MGR FELDMAN, EVAN M <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5975 SUNSET DRIVE, STE. 601		NAME		
STREET ADDRESS	SOUTH MIAMI, FL 33143		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.

SIGNATURE:  1/16/06 305-255-2797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #