

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JUL 25 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



07192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3541329** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000063461

1. Entity Name
TRG&S LAS OLAS BEACH CLUB REALTY, LLC



Principal Place of Business
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI, FL 33145

Mailing Address
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address
**315 S. Biscayne Blvd
3RD FLOOR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip

Country

33131

6. Name and Address of Current Registered Agent

HERNANDEZ, ANGEL
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **CORPORATE CREATIONS**
Street Address (P.O. Box Number is Not Acceptable)
**11380 PROSPERITY FARMS ROAD
221E**
City **Palm Beach Gardens FL** Zip Code **33410**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

7/24/06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR PAUL A. MCRAE
STREET ADDRESS	945 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR ANGEL HERNANDEZ
STREET ADDRESS	315 S. BISCAYNE BLVD. 3RD FL.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S ANGEL HERNANDEZ
STREET ADDRESS	315 S. BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T HEATHER MARTIN
STREET ADDRESS	315 S. BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Angel Hernandez

ANGEL HERNANDEZ

VICE PRESIDENT

7/20/06

Date

Daytime Phone #