## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L05000064960 01-09-2006 90050 009 \*\*\*\*50.00 **RES AND ASSOCIATES VENTURES, LLC** Principal Place of Business 1 Mailing Address 5250 NORTH KENDALL DRIVE 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 33156 CORAL GABLES, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 CR2E083 (11/05) Chg-LLC Applied For City & State 4. FEI Number City & State 20-3139330 Not Applicable Country \$5.00 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHUR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 33156 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 Signature, typed or printed name of registered agent and tibe if expericable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9... 10. Addition ☐ Delete TITLE TITLE SCHUR, ROBERT NAME 5250 HOATH KENDALL DAIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete MLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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.

FILED

Jan 09, 2006 8:00 am