

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 24, 2006  
Secretary of State**

DOCUMENT# L05000065110

Entity Name: 2712 ISLAND, L.L.C.

**Current Principal Place of Business:**

1422 COMMODORE WAY  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1422 COMMODORE WAY  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 20-3088239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SUSTERMAN, ALBERTO  
1422 COMMODORE WAY  
HOLLYWOOD, FL 33019      US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: SUSTERMAN, ALBERTO  
Address: 1422 COMMODORE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: SUSTERMAN, SARA  
Address: 1422 COMMODORE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERTO SUSTERMAN

MR

08/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date