

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90045 024 \*\*\*138.75

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04182008 Chg-LLC CR2E083 (12/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                      |                                                                                                                               |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000070669</b><br>1. Entity Name<br>2606-D PARAMOUNT BEACH, LLC                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                      |                                                                                                                               |                                                                   |  |
| Principal Place of Business<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                      | Mailing Address<br>POB 611510<br>MIAMI, FL 33261-1510                                                                         |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | 3. Mailing Address<br><br>Suite, Apt. #, etc.        |                                                                                                                               |                                                                   |  |
| City & State<br><br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | City & State<br><br>Zip Country                      |                                                                                                                               | 4. FEI Number<br>20-3174988                                       |  |
| 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><br>ROUSSO, MARK E ESQ.<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                      |                                                                                                                               |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | Make check payable to<br>Florida Department of State |                                                                                                                               |                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                      | 10. ADDITIONS/CHANGES                                                                                                         |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>GROSSKOPF, MANUEL<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180 |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>FISCHER, WALTER<br>18851 NE 29TH AVENUE, SUITE 900<br>AVENTURA, FL 33180   |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <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. |                                                                                   |                                                      |                                                                                                                               |                                                                   |  |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                      | Date: 4/25/08 786-253-2386<br>Daytime Phone #                                                                                 |                                                                   |  |