

Mar. 7. 2006 10:50AM

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90268 018 ****50.00

DOCUMENT # L05000080704			
1. Entity Name 9300 COLLINS AVENUE, LLC			
Principal Place of Business 1900 GLADES ROAD SUITE 207 BOCA RATON, FL 33431 US		Mailing Address 1900 GLADES ROAD SUITE 207 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03032006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 76-0800094		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, KERRY E 2875 NE 191ST STREET SUITE 500 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Ariel Shapira Street Address (P.O. Box Number is Not Acceptable) 1900 Glades Road Suite 207 City Boca Raton FL 33431	
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 fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATARA USA INVESTMENT & MANAGEMENT LLC 1900 GLADES ROAD, SUITE 207 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		ARIEL SHAPIRA 03/14/06 561-3381662	
SIGNATURE AND TYPED OR PRINTED NAME OF EACHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	