## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**SIGNATURE:** 

## Mar 02, 2006 8:00 am Secretary of State DOCUMENT # L05000084311 03-02-2006 90135 033 \*\*\*\*50.00 BERK, MERCHANT & SIMS, PLC Principal Place of Business Mailing Address C/O ROTH & SCHOLL C/O ROTH & SCHOLL 1500 SAN REMO AVE., SUITE 176-1500 SAN REMO AVE., SUITE-176 CORAL CABLES: FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address 866 S. Dixie Highway 866 S. Dixie Highway Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Cha-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number Coral Gables, FL 20-3380304 Coral Gables, FL Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33146 USA 33146 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, JEFFREY C Street Address (P.O. Box Number is Not Acceptable) C/O ROTH & SCHOLL <u>866 S. Dixie Highway</u> 1500 SAN REMO AVE., SUITE 176 CORAL CABLES, FL 33146-Zip Code 33146 Coral Gables neat for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this sta the obligations of registered agent. SIGNATURE ered agent and title if applicable (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 10. 9. TITLE MGRM ☐ Defete TITLE Change ☐ Addition BERK, WILLIAM S NAME NAME 866 S. Dixie Highway 4500 CANDEMO AVE., SUITE 476 STREET ADDRESS STREET ADDRESS OORAL GABLES, FL 99146 CITY-ST-ZIP CITY-ST-7IP Coral Gables, FL33146 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING-MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

## **ATTACHMENT**

ROTH & SCHOLL

Attorneys at Law

866 South Dixie Highway Coral Gables, Florida 33146 Tel 305.662.4141 Fax 305.662.3816

February 27, 2006

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re:

2006 Limited Liability Company Annual Report

Dear Sir:

Enclosed is the original completed 2006 Annual Report for the above limited liability company. Also enclosed is a check in the amount of \$50.00, representing your filing fee. Please file the enclosed annual report, and forward me written confirmation of the same.

Thank you for your anticipated prompt attention to this matter.

Very truly yours,

Jeffrey C. Roth/usy

JCR:wsy Encls.

CC:

William S. Berk, Esq. (with encls. - by email to wberkcberk@bellsouth.net)