


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-15-2006 90130 019 ****50.00

DOCUMENT # L05000085288	
1. Entity Name OPERA PLACE RESIDENTIAL HOLDINGS, LLC	

Principal Place of Business 104 SAN VINCENTI PALCE PALM BEACH GARDENS, FL 33418	Mailing Address 104 SAN VINCENTI PALCE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business	3. Mailing Address 7071 ORCHARD LK Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State	City & State WEST BloomFIELD MI
Zip	Zip 48322
Country	Country USA

01182006	Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3408271	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

SISKIND, JEFFREY M
104 SAN VINCENTI PLACE
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name **SISKIND, JEFFREY M**

Street Address (P.O. Box Number is Not Acceptable)
TRUMP PLAZA OFFICE CENTER

525 SOUTH FLAGLER DR. STE 200

City **WEST PALM BEACH** FL Zip Code **33401**

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 _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHYSELS, DAVID <input checked="" type="checkbox"/> Delete 104 SAN VINCENTI PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit SHARON L. CINI 7071 ORCHARD LK RD #300 WEST BLOOMFIELD MI 48322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

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.

** Sharon Cini*



ATTACHMENT

30001692

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

OPERA PLACE RESIDENTIAL HOLDINGS, LLC
7071 ORCHARD LAKE RD
SUITE 300
WEST BLOOMFIELD, MI 48322

Subject: OPERA PLACE RESIDENTIAL HOLDINGS, LLC

Reference Number: **L05000085288**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION