

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095967

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** UR-COUSIN FARAH R.E. ACQUISITIONS II LLC

**Current Principal Place of Business:**

991 N MIAMI BEACH BLVD  
NMB, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

991 N MIAMI BEACH BLVD  
NMB, FL 33162

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For** ( ) **FEI Number Not Applicable** (X) **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:**

FARAH, EMILE  
991 N MIAMI BEACH BLVD  
NMB, FL 33162 US

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

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:**

Title: MGR ( ) Delete  
Name: FARAH, EMILE  
Address: 991 N MIAMI BEACH BLVD  
City-St-Zip: NMB, FL 33162

Title: MGRM ( ) Delete  
Name: BARDWELL, ZENA M  
Address: 991 N MIAMI BEACH BLVD  
City-St-Zip: NMB, FL 33162

**ADDITIONS/CHANGES:**

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

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: EMILE FARAH

MGR

05/01/2006

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