


FILED
 Jul 13, 2006 8:00 am
 Secretary of State

05-01-2006 90081 049 ****50.00

2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT

DOCUMENT # L05000097088			
1. Entry Name JERONIMO, LLC			
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business 1000 Venetian Way		3. Mailing Address 1000 Venetian Way	
Suite, Apt. #, etc. #802		Suite, Apt. #, etc. #802	
City & State Miami, FL		City & State Miami, FL	
Zip 33139	Country	Zip 33139	Country
4. FEI Number 20-362146		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 HABER, ROBERT M ESQ. C/O FREEMAN, HABER, ET AL 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Deborah Bussel Street Address (P.O. Box Number is Not Acceptable) 1000 Venetian Way, #802 City Miami FL 33139	
8. The above named entry 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when addressing.</small>			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah Bussel <input type="checkbox"/> Delete 1000 Venetian Way, #802 Miami, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Managing Member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Cohen <input type="checkbox"/> Delete 1313 Washington St., Apt. 612 Boston, MA 02118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Withey <input type="checkbox"/> Delete 1313 Washington St., Apt. 612 Boston, MA 02118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Managing Member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Deborah Bussel</i>		Date: <i>4/26/06</i> X 3054586430	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			