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

## **DOCUMENT # L05000098248**



FILED Apr 20, 2006 8:00 am Secretary of State

Mailing Address Shill COLINS AVENUE, #1502 Shill	1. Enuty Nam 606 N. BA	Y ROAD, LLC					04-20-2000	J0024 025	30	
Suite, Apt. 4, etc.	9511 COLLINS AVENUE, #1502 9511 COLLINS AVENUE, #15				2		4) 27(#) 21(1) 82(1) 42(1) 42(1)	1 <b>42</b> 11 1 1040 1 4940	F1894 B1881 1881	131 III (P41
City & State   City	2. Principal P	lace of Business	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Agent 7. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Address of New Registered Agent Number is Not Acceptable by T. Name and Addr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04162006	Chg-LLC	CR2E083	(11/05)	
Name	City & State		City & State		4. FEI Numb	°00 - 388	3736			
Nince	Zip	Country	Zip	Coun	try	5. Certificat	e of Status Desired	□ <b>\$</b>	5.00 Addi e Required	itional I
SINGER, BERNARD, A ESQ   217 Carrier   1		6Name and Address of Current R	legistered.Agent			7Name.an	d Address of New R	egistered Ag	ent	
Sircet Address (P.O. Box Number is Not Acceptable)   Sircet Address (P.O. Box Number is Number					Name					
R. The above named onliny submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SignaTuFile	3107 STIR	LING ROAD, SUITE 105	Street Address		P.O. Box Numl	per is Not Acceptable	<del>)</del>			
SIGNATURE     STREET ADDRESS   STREET					City			FL	Zip Code	<b>&gt;</b>
Filling Face is \$30.00    Make check payable to Florida Department of State   Part   P			the purpose of changing its	registere	ed office or register	red agent, or b	oth, in the State of Flo	orida. I am far	niliar with, a	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MASSAYAG, VITORIA 9511 COLLINS AVENUE, #1502 CITY-SI-ZIP  TITLE MARE STREET ADDRESS CITY-SI-ZIP  TITLE MARE STR	SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	E: Registere	d Agent signature required	when reinstating)		DATE		
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		certify that the information supplied with	this filing does not qualify to			in Chanter 110	Florida Statutes 1 fo	urther certify t	hat the info	rmation

limited (lability company of the receiver of trustee empowered to execute this report as required by Chapter 608. Horida Statutes.

SIGNATURE: 15 CULA 10 gma NASAYAG VITOCIA CESINA ASSAYAG 04/18/06 (305)866-8788 SIGNATURE AND TYPED OR PRINTED IN THE OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE DISIO DISION DISTORTED IN THE PROPERTY OF AUTHORIZED REPRESENTATIVE