## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Helen & Whottaker Heled Whitaker SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT #1.05000101150



**FILED** Jul 10, 2006 8:00 am Secretary of State

1. Entity Name 2783 NW 21 TERRACE, LLC					07-10-2006	90106 03	4 ****5(	0.00
Principal Place of Business 12000 N. BAYSHORE DRIVE, #108 N. MIAMI, FL 33181		Mailing Address 12000 N. BAYSHORE DRIVE, #108 N. MIAMI, FL 33181			<b>,,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2. Principal Place of Business 1065 NE 125th Street		3. Mailing Address 1065 N.E. 125th St						
Suite, Apt. #, etc. . 300		Suite, Apt. #, etc.		07062006	Chg-LLC	CR2E08	3 (11/05)	
NORTH MIAMI, FI		NORTH MIAMI, FI		4. FEI Numb	er		No	plied For t Applicable
33 16		<sup>Zip</sup> 33141	Country S A		of Status Desired	□ É.	5.00 Add ee Required	
	6. Name and Address of Current R	Name	7. Name and Address of New Registered Agent Name					
JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code	•
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or bo	oth in the State of Flo		miliar with	and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$50.00 Due by September 6, 2006						e check pay Departmen	•	•
9.	MANAGING MEMBER		10.		ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MOMBER HELEN WHITCHER 12000 N. BAYSHORE DEI NORTH MIAMI FI 3	□ Delete N <i>∈ #108</i> 31€1	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS	MANAGING MEMBER LAURIE S. Whitaker 1065 N.E. 125th St	☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition
CITY-ST-ZIP	NORTH MIAMI, FI		CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	NAME STREET ADDRESS CITY-ST-ZIP					J. N. O. N. O.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			İ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	od is Observed 10	Florido Octobro		☐ Change	Addition
indicated	certify that the information supplied with I on this report is true and accurate and t ability company or the receiver or trustee	hat my signature shall have	the same legal effect as	if made under oat	h; that i am a manag	irtner certity t jing member	nat the info or manage	rmation ir of the

7/6/04