2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State
04-28-2006 90022 041 ****50.00

DOCUMENT # L05000103122
1. Entity Name
FOCUS MANAGEMENT ASSOCIATES, LLC

Principal Place of Business	Mailing Address
19101 MYSTIC POINTE DRIVE TOWER 200, #2311 AVENTURA, FL 33180	19101 MYSTIC POINTE DRIVE TOWER 200, #2311 AVENTURA, FL 33180

30009103

04252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
550 North Reo St	550 North Reo St
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33609 Country:	Zip: 33609 Country:

4. FEI Number 20-3654549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROTENBERG, LILIYA
19101 MYSTIC POINTE DRIVE
TOWER 200, #2311
AVENTURA, FL 33180

7. Name and Address of New Registered Agent
Name
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 registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL Liliya Rotenberg 550 N Reo Street, Suite 300 Tampa, FL. 33609 ☐ 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	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: x Liliy Rotenberg 4/25/06 813-261-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #