

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000103421			
1. Entity Name TS MIAMI, LLC			
Principal Place of Business C/O GREEN, KAHN & PIOTRKOWSKI 317 - 71ST STREET MIAMI BEACH, FL 33141		Mailing Address C/O GREEN, KAHN & PIOTRKOWSKI 317 - 71ST STREET MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20 5588081		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ESQ 317 - 71ST STREET MIAMI BEACH, FL 33141		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$50.00 Due by September 6, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRAZIN, TAMARA 210 WEST 89TH STREET, APT 10L NEW YORK, NY 10024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRAZIN, TAMARA 3671 Hudson Manor, Apt 6A RIVERDALE, N.Y. 10463 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLZER, SHULAMIT 1376 HUDSON ROAD TEANECK, NJ 07656 ☐ 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
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	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 		SEPT 4, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	