

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110384

FILED
Jan 24, 2006
Secretary of State

Entity Name: ELIZABETH STREET APARTMENTS, L.L.C.

Current Principal Place of Business:

3001 NORTH BAY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

3420 ELIZABETH STREET
MIAMI, FL 33133

Current Mailing Address:

3001 NORTH BAY ROAD
MIAMI BEACH, FL 33140

New Mailing Address:

P.O. BOX 402608
MIAMI BEACH, FL 33140

FEI Number: 20-3842945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERSON, CHRISTOPHER
2625 COLLINS AVE., UNIT 215
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

PETERSON, CHRISTOPHER
2625 COLLINS AVENUE
UNIT 215
MIAMI BEACH, FL 33140 US

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.

SIGNATURE:

01/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIELDS, KENNETH
Address: 3001 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIELDS, KENNETH
Address: P.O. BOX 402608
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Change (X) Addition
Name: PETERSON, CHRISTOPHER
Address: P.O. BOX 402608
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER PETERSON

MGR

01/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date