

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-10-2006 90103 009 \*\*\*\*55.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # L05000117831</b>  |  |  |  |  |  |
| <b>1. Entity Name</b><br>5570 CRUZAN, LLC   |  |  |  |  |  |
| <b>Principal Place of Business</b><br>6538 COLLINS AVE<br>#252<br>MIAMI BEACH, FL 33141 US  |  |  | <b>Mailing Address</b><br>6538 COLLINS AVE<br>#252<br>MIAMI BEACH, FL 33141 US |  |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City & State  |  | City & State   |  |  |  |
| Zip   | Country  | Zip  | Country  | 07032006    Chg-LLC    CR2E083 (11/05)                 |  |
| <b>4. FEI Number</b> 51-0561918   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |  |  | <b>\$5.00</b> Additional Fee Required                  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                             |  |  |
| JAY, PARKER P<br>1691 MICHIGAN AVE<br>320<br>MIAMI BEACH, FL 33139  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |  |  |
|   |  |  | FL    Zip Code   |  |  |
| <b>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.</b>  |  |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>KENT, FLEISCHMAN<br>6538 COLLINS AVE., SUITE 252<br>MIAMI BEACH, FL 33141  | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>LAURA, FLEISCHMAN<br>6538 COLLINS AVE., SUITE 252<br>MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                    |  |  |  |
| <b>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.</b> |  |  |  |  |  |
| <b>SIGNATURE:</b>   |  | MGRM   |  | 7-3-06    305-299-5132                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date   |  | Daytime Phone #  |  |