## 2006 LIMITED LIABILITY COMPANY

## Mar 28, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000120051** 03-28-2006 90015 023 \*\*\*\*50.00 CHATEAU AT LITTLE HAVANA, LLC Mailing Address Principal Place of Business 21205 YACHT CLUB DRIVE 21205 YACHT CLUB DRIVE #1705 AVENTURA, FL 33280 AVENTURA, FL 33280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number City & State City & State Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANTZ, JEFFREY-W Street Address (P.O. Box Number is Not Acceptable) 3125 JOHN P. CURCI BAY 2 HALLANDALE, FL 33009 City 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change ☐ Addition TITI F ☐ Delete SASSON-CHAYO, JOSE NAME 21205 YACHT CLUB DRIVE APT 1705 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33289 CITY-ST-ZIP MGRM ■ Addition IIILE Delete TITLE ☐ Change OSSADO, CILENE NAME NAME STREET ADDRESS 21205 YACHT CLUB DRIVE APT 1705 STREET ADDRESS CITY-ST-7IP AVENTURA, FL 33280 City-St-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TELLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete IIII F ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 signiature 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.

1 aubkin SIGNATURE: INTED NAME OF SIGNING MANAGING MEM Daytime Phone #