2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L93000000223

1. Entity Name
LEMAR L.C.

Principal Place of Business	Mailing Address
201 S. BISCAYNE BLVD., STE 850 MIAMI, FL 33131	8004 NW 154 ST. #106 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

03222006 No Chg-LLC CR2E063 (11/05)

4. FEI Number
65-0447998

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSZ FIU CORP.
201 S. BISCAYNE BLVD., STE 850
MIAMI, FL 33131-0

DO NOT WRITE IN THIS SPACE

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

000000505710
04/26/06-80130-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	OUGRIK, ALEXIS
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 850
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

PRINT ✓
SIGNATURE: ALEXIS OUGRIK 305 864 9216