

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90417 025 \*\*\*\*50.00

**DOCUMENT # L95000000563**

1. Entity Name  
**NORTH MIAMI BEACH COMMERCE CENTER L.C.**



Principal Place of Business  
**15499 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**15499 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162**

**20010526**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**65-0601022**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KURZMAN, JOHN  
15499 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HOCKHAUSER, PAUL  
STREET ADDRESS 1 BAY BLVD  
CITY-ST-ZIP LAWRENCE, NY 11559

TITLE MGR ☐ Delete  
NAME KURZMAN, JOHN  
STREET ADDRESS 3370 NE 190 ST APT 3711  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR ☐ Delete  
NAME KURZMAN, RHODA  
STREET ADDRESS 3370 NE 190 ST APT 3711  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR ☐ Delete  
NAME LENARD, JADWIGA  
STREET ADDRESS 15499 WEST DIXIE HWY  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition  
NAME Kurzman, John  
STREET ADDRESS 1185 HATTERAS LANE  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGR ☒ Change ☐ Addition  
NAME Rhoda Kurzman  
STREET ADDRESS 1185 HATTERAS LANE  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Rhoda Kurzman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #