## 2006 LIMITED LIABILITY COMPANY

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**FILED** Jul 24, 2006 08:00 AM Secretary of State

ANNUAL REPORT			
DOCUMENT # L9500000844  1. Entity Name FAR REACH, L.C.			

Principal Place of Business 4990 S. W. 72ND AVENUE

SUITE 105 MIAMI, FL 33155

Mailing Address

4990 S. W. 72ND AVENUE SUITE 105 MIAMI, FL 33155



07142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0650538 Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, RONALD G 4675 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33146

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	ions of registered agent.	iging its registered onice of registered agent,	or bollit, in the state of Florida. Familiamiliar with, and accept	
SIGNATURE.		<u> </u>		
	Signature, typad or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstate     )	ng) DATE	
.8: Fil	ling Fee Is \$50.00 by September 6, 2006		000000572177 07/25/06-80019-013 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HAMILL, MARY CAHTERINE M 6901 GRANADA BOULEVARD CORAL GABLES, FL 33146			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MEAD, BUDGE 2127 BRICKELL AVE., #2302 MIAMI, FL 33129			
TITLE NAME STREET ADDRESS CITY-SJ-ZIP	MGR MEAD, D. RICHARD JR. 10255 SABAL PALM AVE CORAL GABLESL, FL 33156	D	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		II.	N THIS SPACE	
TITLE NAME STREET AODRESS CITY-ST-ZIP-				
TITLE NAME STREET ADDRESS CITY ST-ZIP	generalism of them. In the case to the sec			
11. I hereby certify that the information supplied with this filling 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.				