2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # L9800001845 1. Entity Name PASTROFF/FREED LLC					01-27-2006 90072 011 ****50.00				
FASTRO	FF/FREED LLC								
Principal Place of Business 6420 S.W. 50TH STREET MIAMI, FL 33155		Mailing Address 6420 S.W. 50TH STREET MIAMI, FL 33155		\$UUUJIJU					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006	Chg-LLC	CR2E	983 (11/05)		
City & State		City & State		4. FEI Numbe 65-086				plied For I Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	D	\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PASTROFF, NANCY G				Name Street Address (P.O. Box Number is Not Acceptable)					
6420 S.W. MIAMI, FL	33155		Street Address ((P.O. Box Numbi	er is Not Acceptab	ole)		
								1 = 2	
The above named entity submits this statement for the purpose of changing its registere				City FL Zip Code					
	named entity submits this statement to ions of registered agent.	r the purpose of changing its r	egistere	ed office or registe	red agent, or bo	h, in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE.	. Registered	d Agent signature require	d when reinstating)		DATE		
. Fi	ling Fee is \$50.00					Ма	ke check p	ayable to	
D	ue by May 1, 2006			Florida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.		1	ADDITIONS	S/CHANGES	3	<u> </u>
THLE	MGRM	Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	PASTROFF, NANCY G 6420 S.W. 50TH STREET		NAMI STRE	ÉT ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33155			-\$1-ZIP					_
TITLE	MGRM PASTROFF, EDWARD J	Delete	TITLE NAM!					☐ Change	Addition
STREET ADDRESS	6420 S.W. 50TH STREET			ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33155		-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS			NAM	Ε					
				ET ADDRESS					
CITY-ST-Z#			STRE CITY-	ET ADDRESS -ST-ZIP					□ 4.43%;
TITLE NAME		☐ Delete	SIRE	E1 ADDRESS -ST-ZIP				☐ Change	Addition
HILE NAME STREET ADDRESS		☐ Delete	STRE CITY- TITLE NAMI STRE	ET ADDRESSST-ZIP				☐ Change	Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP			STRE CITY- TITLE NAMI STRE CITY-	EI ADDRESS - ST-ZIP - E EI ADDRESS - ST-ZIP					
HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	STRE CITY- TITLE NAMI STRE CITY- TITLE	EI ADDRESS -SI-ZIP E EI ADDRESS -SI-ZIP E E EI ADDRESS				☐ Change	Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP			STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE	EI ADDRESS -SI-ZIP E E ADDRESS -SI-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE	ET ADDRESS -ST-ZIP					
HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	STRE CITY THLE NAMM STRE CITY THLE NAMM STRE CITY THLE NAMM	ET ADDRESS -ST-ZIP				Change	Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

305.271-3774