


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90028 024 ****50.00

DOCUMENT # L99000001444 1. Entity Name VOLNAY FLORIDA, L.C.					
Principal Place of Business 1688 MERIDIAN AVENUE, SUITE 506 MIAMI BEACH, FL 33139			Mailing Address 18851 NE 29TH AVE SUITE 901 AVENTURA, FL 33180		
2. Principal Place of Business 18851 NE 29th Avenue		3. Mailing Address Suite, Apt. #, etc. 901			
City & State Aventura FL		City & State Aventura FL			
Zip 33180		Country 		4. FEI Number 65-0926972	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Robin I. Willner, Esq. Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Avenue Ste 900 City Aventura FL Zip Code 33180		
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 <u><i>Robin I. Willner</i></u> 3/7/06 DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RADO, GABOR 18851 NE 29TH AVE, SUITE 901 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>GABOR RADO</i></u> 4/11/06 305-431-4959 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT

FAX AUDIT NO.: H05000158279 3

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#L99000001444

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

FIRST, the name of the limited liability company is: VOLNAY FLORIDA, L.C.

SECOND, the mailing address of the limited liability company is: 18851 N.E. 29th Avenue, Suite 901, Aventura, Florida 33180

THIRD, the date of filing/ registration in Florida is: March 15, 1999.

FOURTH, documents number is: L99000001444.


FIFTH, the name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

REGISTERED AGENTS OF FLORIDA, LLC
100 Southeast Second Street, Suite 2900
Miami, Florida 33131

SIXTH, the name and address of the new registered agent and/or office:


Robin I. Willner, Esq.
c/o Roth, Rousso, Katsman & Schneider, LLP
18851 N.E. 29th Avenue, Suite 900
Aventura, Florida 33180

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the operating agreement of the limited liability company.



Gabor Rado, Manager

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Robin I. Willner, Esq.

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