

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003039

Entity Name: 36-32 MANAGEMENT, L.C.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

18090 COLLINS AVE STE T15
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

101 OCEAN DR
806
MIAMI BCH, FL 33139

Current Mailing Address:

18090 COLLINS AVE STE T15
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

101 OCEAN DR
806
MIAMI BEACH, FL 33139

FEI Number: 65-0924021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALINSKY, ILYA
2812 N.W. 35TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

PALINSKY, ILYA
101 OCEAN DR
806
MIAMI BCH, FL 33139 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: VPD () Delete
Name: PALINSKY, ILYA
Address: 2812 N.W. 35TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: WOLKOWICKI, SHIMON
Address: 4100 NW 27 AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PALINSKY, ILYA
Address: 101 OCEAN DR #806
City-St-Zip: MIAMI BCH, FL 33139

Title: MGR (X) Change () Addition
Name: WOLKOWICKI, SHIMON
Address: 101 OCEAN DR #806
City-St-Zip: MIAMI BCH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ILYA PALINSKY

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date