

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000004171**

1. Entity Name  
**BANYAN TOWNHOMES, L.L.C.**



Principal Place of Business

**1175 NE 125 STREET  
STE 418  
MIAMI, FL 33161**

Mailing Address

**1175 NE 125 STREET  
STE 418  
MIAMI, FL 33161**



03242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0989258**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TOWNSEL, AL  
9999 NE 2ND AVENUE, SUITE 300  
MIAMI SHORES, FL 33138**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
AL TOWNSEL, INC.  
9999 NE 2ND AVENUE, SUITE 300  
MIAMI SHORES, FL 33138**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
LITTLE HAITI HOUSING ASSOCIATION, INC.  
181 NE 82ND STREET 2ND FLOOR  
MIAMI, FL 33138**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UUUUUU481621  
04/11/06-80041-001 \$5.00

**DO NOT WRITE  
IN THIS SPACE**

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 MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/24/06 305 899-5125**

Date

Daytime Phone #