

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007287

**FILED**  
**Jan 20, 2006**  
**Secretary of State**

**Entity Name:** BSSS REAL ESTATE HOLDING, L.L.C.

**Current Principal Place of Business:**

9655 SOUTH DIXIE HIGHWAY  
3RD FLOOR  
MIAMI, FL 33156

**New Principal Place of Business:**

2525 PONCE DE LEON BOULEVARD  
5TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

9655 SOUTH DIXIE HIGHWAY  
3RD FLOOR  
MIAMI, FL 33156

**New Mailing Address:**

2525 PONCE DE LEON BOULEVARD  
5TH FLOOR  
CORAL GABLES, FL 33134

**FEI Number:** 65-0960166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHECHTER, PHILIP  
Address: 9655 SO. DIXIE HIGHWAY, 3RD FLOOR  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHECHTER, PHILIP  
Address: 2525 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PHILIP SHECHTER

MM

01/20/2006

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