

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90008 008 ****50.00

DOCUMENT #M01000001761

1. Entity Name
CBP BUILDING THREE LLC



Principal Place of Business
2875 NE 191ST STREET
PENTHOUSE 1B
AVENTURA, FL 33180

Mailing Address
2875 NE 191ST STREET
PENTHOUSE 1B
AVENTURA, FL 33180

00052169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
65-1128472

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, TED
88 N.E. 168 ST.
NORTH MIAMI BEACH, FL 33162

Name Klein, Ted

Street Address (P.O. Box Number is Not Acceptable)

8030 Peters Road

Suite D-104

City

Plantation

FL

Zip Code 33324

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 reinstating)

DATE

2/22/06

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 MGR ☐ Delete
NAME SREDNI, ISSAC
STREET ADDRESS 2875 NE 191 STREET, PH 1
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SREDNI, ERWIN
STREET ADDRESS 2875 NE 191 STREET, PH 1
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME AZOUT, JACK
STREET ADDRESS 2875 NE 191 STREET, PH 1
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GILINSKI, SAUL
STREET ADDRESS 2875 NE 191 STREET, PH 1
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #