


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90150 045 \*\*\*\*50.00

<b>DOCUMENT # M02000000913</b>	
1. Entity Name <b>LA ESPANOLA ASSOCIATES, LLC</b>	

Principal Place of Business <b>2401 COLLINS AVENUE #1205 MIAMI BEACH, FL 33740</b>	Mailing Address <b>2401 COLLINS AVENUE #1205 MIAMI BEACH, FL 33740</b>
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2. Principal Place of Business <b>2401 COLLINS AVENUE</b>	3. Mailing Address <b>2401 COLLINS AVENUE</b>
Suite, Apt. #, etc. <b># 1205</b>	Suite, Apt. #, etc. <b># 1205</b>
City & State <b>MIAMI BEACH, FL</b>	City & State <b>MIAMI BEACH, FL</b>
Zip <b>33140</b>	Country



02042006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1054976</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DANNER, STEVE 1101 BRICKELL AVENUE, SUITE M-101 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent Name <b>DANNER, STEVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 BRICKELL AVENUE SUITE 700</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SALOMON, CATHERINE 2401 COLLINS AVENUE #1205 MIAMI BEACH, FL 33140</b> <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	<b>MGR BERKOWITZ, SANDRA 2401 COLLINS AVENUE #1205 MIAMI BEACH, FL 33140</b> <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
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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:** Sandra Berkowitz **SANDRA BERKOWITZ** 2/6/06 954-8886922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #