

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002695

Entity Name: 11 MONTGOMERY PLACE LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

3967 168TH STREET  
BUILDING  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

1881 WASHINGTON AVENUE  
SUITE 12C  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 11-3470572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LONGINATTO, FINN  
1881 WASHINGTON AVENUE, #12C  
MIAMI BEACH, 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LONGINOTTO, FINN  
Address: 1413 Q STREET NORTHWEST  
City-St-Zip: WASHINGTON, DC 20009

Title: MGRM ( ) Delete  
Name: CAO, LAI  
Address: 1413 Q STREET NORTHWEST  
City-St-Zip: WASHINGTON, DC 20009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FINN LONGINOTTO

MGRM

05/01/2006

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