
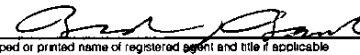
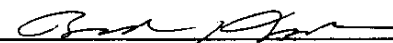


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90008 035 ****50.00

| | | | | | |
|--|---|---------------------------------|---|---|--|
| DOCUMENT # M04000002924 1. Entity Name 61-01 WOODBINE REAL ESTATE, L.L.C. | | | |  | |
| Principal Place of Business 4050 1ST AVENUE SUITE # 117 OAKLAND PARK, FL 33334 | | | Mailing Address 4050 1ST AVENUE SUITE # 117 OAKLAND PARK, FL 33334 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 11-3621373 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FEINBERG, JEFFREY ESQ. 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021 | | | | Name Bradford C. Banta, Esq. Street Address (P.O. Box Number is Not Acceptable) 4050 NE 1st Avenue #117 City Oakland Park FL Zip Code 33334 | |
| 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  DATE _____ | | | | | |
| 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 NAME STREET ADDRESS CITY - ST - ZIP | MGRM FLJANKOVIC, SINISI 60-30 MENAHAN STREET RIDGEWOOD, NY 11385 | <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:  BRADFORD C. BANTA 4-13-06 954-566-0759 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone #</small> | | | | | |