

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003002

FILED
Jan 23, 2006
Secretary of State

Entity Name: PARMENTER 110 E. BROWARD BLVD LLC

Current Principal Place of Business:

1111 BRICKELL AVENUE, SUITE 2910
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVENUE, SUITE 2910
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0973684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, SUITE 2800
MIAMI, FL 33131 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: WEISS, ANDREW
Address: 1111 BRICKELL AVENUE, SUITE 2910
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: PARMENTER, DARRYL
Address: 1111 BRICKELL AVENUE, SUITE 2910
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: BURNS, KEVIN P
Address: 114 WEST 47TH STREET, SUITE 1715
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES:

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

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: ANDREW R. WEISS

COO

01/23/2006

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