

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002556

Entity Name: ZAHARA PROPERTIES, LLC

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

1521 ALTON ROAD, #146  
MIAMI BEACH, FL 331393301

## New Principal Place of Business:

1521 ALTON ROAD  
SUITE 146  
MIAMI BEACH, FL 331393301

## Current Mailing Address:

1521 ALTON ROAD, #146  
MIAMI BEACH, FL 331393301

## New Mailing Address:

1521 ALTON ROAD  
SUITE 146  
MIAMI BEACH, FL 331393301

FEI Number: 02-0742303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTHLEIN, JAY  
930 WASHINGTON AVENUE, SUITE 209  
MIAMI BEACH, FL 33139 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: MOSSMAN, ZAHARA  
Address: 1521 ALTON ROAD, #146  
City-St-Zip: MIAMI BEACH, FL 331393301

Title: MGR ( ) Delete  
Name: MOSSMAN, MITCHELL J  
Address: 1521 ALTON ROAD, #146  
City-St-Zip: MIAMI BEACH, FL 331393301

## 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: MITCHELL J. MOSSMAN

MGR

04/28/2006

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