## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M05000003456**

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

MILLENIA LUXURY CONDOMINIUMS MEZZ, LLC



Principal Place of Business

2601 SOUTH BAYSHORE DRIVE, SUITE 200

MIAMI, FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133

FILED 2006 AUG 14 AM 11: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



07172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3021777

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAS, CARLOS A ESQ. 2525 PONCE DE LEON BLVD., SUITE 400 CORAL GARLES EL 33134

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	named entity submits this statement for the purpose of chailons of registered agent.	l nging its registered office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 by September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	AVILA, EDUARDO		•
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, SUITE 200		
CITY-ST-ZIP	MIAMI, FL 33133	<b></b>	78885710
TITLE		98/18/060	78885710 11045022 **150.00
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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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** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED RE