2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000377

1. Entity Name

WEINRIB/COLE REAL ESTATE LLC



FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business

15 EAST NORTH STREET DOVER, DE 19901 Mailing Address

15 EAST NORTH STREET DOVER, DE 19901



01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2080438

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINRIB, JEROME 777 SOUTH CONGRESS AVENUE DELRAY BEACH, FL 33445

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of changions of registered agent.	ling its registere	d office or registered agent, or both	, in the State of Florida. I e	m familiar with, and accept
SIGNATURE.				- 4,0,	
Signature, typed or printed name of registered agent and trite if applicable		(NOTE: Registered Agent signature required when reinstating)		DAT	<u> </u>
F D	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS	·			
TITLE NAME STREET ADDRESS	MGRM WEINRIB, JEROME				
CITY-ST-ZIP	777 SOUTH CONRESS AVENUE DELRAY BEACH, FL 33445		•	U000004122	30
NAME STREET ADDRESS CITY-ST-ZIP				02/10/06-8004	J-U22 50,U0
THE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN T	HIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME				ututuut V	
STREET ADDRESS CITY-ST-ZIP			^T	·	
11. I hereby of indicated limited lia	pertity that the information supplied with this filling does not que on this report is true and accurate land that my signature shall billity company or the receiver or trustee empowered to execu	ralify for the exe of have the sam te this report a	emptions contained in Chapter 119, e legal effect as if made under oat s required by Chapter 608, Florida	Florida Statutes: I further this that I am a managing materials.	certify that the information sember or manager of the

JEROMEWEINEB

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE