

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012041

FILED
Apr 26, 2006
Secretary of State

Entity Name: LNR PARTNERS EUROPA ASSOCIATES MANAGEMENT, INC.

Current Principal Place of Business:

1601 WASHINGTON AVENUE
SUITE 800
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1601 WASHINGTON AVENUE
SUITE 800
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-1076453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSTEIN, ZENA M
1601 WASHINGTON AVENUE
SUITE 800
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AC () Delete
Name: COOK, PAULA J
Address: 1601 WASHINGTON AVE., STE 800
City-St-Zip: MIAMI BEACH, FL 33139

Title: DC () Delete
Name: KRASNOFF, JEFFREY
Address: 1601 WASHINGTON AVE, #800
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: SCHRAGER, RONALD E
Address: 1601 WASHINGTON AVENUE SUITE 800
City-St-Zip: MIAMI BEACH, FL 33139

Title: V () Delete
Name: BJERKE, STEVEN
Address: 1601 WASHINGTON AVENUE SUITE 800
City-St-Zip: MIAMI BEACH, FL 33139

Title: AC () Delete
Name: LIEBERMAN, ARTHUR
Address: 1601 WASHINGTON AVENUE SUITE 800
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZENA DICKSTEIN

V

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date