

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90196 034 ****50.00



DOCUMENT # 103000003858

1. Entity Name
162ND CENTER, LLC

Principal Place of Business Mailing Address
1772 2ND AVENUE APT 9 **1772 2ND AVENUE APT 9**
NEW YORK NY 10128 **NEW YORK NY 10128**

2. Principal Place of Business 3. Mailing Address
1755-95 NE 162 ST. **C/O PATRICK FRANCIS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PO BOX 381606

City & State City & State
NORTH MIAMI BEACH FL. **MIAMI FL**
 Zip Country Zip Country
33162 **USA** **33238** **USA**

1st MOORE CR2E083 (10/05)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



6. Name and Address of Current Registered Agent
DUBIN, JOSHUA L
17701 BISCAYNE BLVD
STE 201
AVENTURA FL 33160

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCIS, PATRICK 1772 2ND AVE #9 NEW YORK NY 10128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCIS, PATRICK PO BOX 381606 MIAMI FL 33238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* Date: 3/22/06 (305) 801 4917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #