


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:23

DOCUMENT # L04000003854  
1. Entity Name  
1620 NW 4TH STREET, LLC



Principal Place of Business  
572 WEST 187TH ST  
NEW YORK, NY 10033

Mailing Address  
572 WEST 187TH ST  
NEW YORK, NY 10033

**DO NOT WRITE IN THIS SPACE**



09112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0594985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ADMIRE, ROBERT  
2511 PONCE DE LEON BLVD, STE 320  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 15, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUR, JOSE 572 WEST 187TH ST NEW YORK, NY 10033
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09/20/06--01054--009 \*\*50.00

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/12/06 (212) 569.5600  
Date Daytime Phone #