

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015197

1. Entity Name
 THE RED HOT SHACK I, L.L.C.



Principal Place of Business
 4000 HOLLYWOOD BOULEVARD
 SUITE 400 NORTH
 HOLLYWOOD, FL 33021

Mailing Address
 4000 HOLLYWOOD BOULEVARD
 SUITE 400 NORTH
 HOLLYWOOD, FL 33021



01052008 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0804005	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

KAHN, HOWARD N
 4000 HOLLYWOOD BLVD.
 SUITE 400 NORTH
 HOLLYWOOD, FL 33021

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/06
 DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAHN, HOWARD N 4000 HOLLYWOOD BLVD., SUITE 400 NORTH HOLLYWOOD, FL 33021
--	---

000000388630
 01/20/06-80012-015 50.00

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

DO NOT WRITE IN THIS SPACE

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 of 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 REPRESENTATIVE

1/12/06
 DATE

Date

Daytime Phone #