


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000080703</b><br>1. Entity Name<br>80 STREET FLORIDA LLC |  |
|---|---|



|   |   |
|---|---|
| Principal Place of Business<br>20220 BOCA WEST DRIVE, 1803<br>BOCA RATON FL 33434 | Mailing Address<br>20220 BOCA WEST DRIVE, 1803<br>BOCA RATON FL 33434 |
|---|---|

1st MOORE      CR2E083 (10/05)

|                                |                    |         |
|--------------------------------|--------------------|---------|
| 2. Principal Place of Business | 3. Mailing Address |         |
| Suite, Apt #, etc.             | Suite, Apt #, etc. |         |
| City & State                   | City & State       |         |
| Zip                            | Country            | Zip     |
|                                |                    | Country |

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>20-1851011</b> | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>NICK, NORMAN W MR</b><br><b>20220 BOCA WEST DRIVE</b><br><b>1803</b><br><b>BOCA RATON FL 33434</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right; font-weight: bold;">FL</div> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS / MANAGERS |                             |                                 | 10. ADDITIONS / CHANGES |   |  |
|--------------------------------|-----------------------------|---------------------------------|-------------------------|---|--|
| TITLE<br>NAME                  | MGR<br>NICK, NORMAN W       | <input type="checkbox"/> Delete | TITLE<br>NAME           | 1000000406983<br>02/07/06-80113-011 50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS                 | 20220 BOCA WEST DRIVE, 1803 |                                 | STREET ADDRESS          |   |  |
| CITY - ST - ZIP                | BOCA RATON FL 33434         |                                 | CITY - ST - ZIP         |   |  |
| TITLE<br>NAME                  |                             | <input type="checkbox"/> Delete | TITLE<br>NAME           |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS                 |                             |                                 | STREET ADDRESS          |   |  |
| CITY - ST - ZIP                |                             |                                 | CITY - ST - ZIP         |   |  |
| TITLE<br>NAME                  |                             | <input type="checkbox"/> Delete | TITLE<br>NAME           |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS                 |                             |                                 | STREET ADDRESS          |   |  |
| CITY - ST - ZIP                |                             |                                 | CITY - ST - ZIP         |   |  |
| TITLE<br>NAME                  |                             | <input type="checkbox"/> Delete | TITLE<br>NAME           |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS                 |                             |                                 | STREET ADDRESS          |   |  |
| CITY - ST - ZIP                |                             |                                 | CITY - ST - ZIP         |   |  |
| TITLE<br>NAME                  |                             | <input type="checkbox"/> Delete | TITLE<br>NAME           |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS                 |                             |                                 | STREET ADDRESS          |   |  |
| CITY - ST - ZIP                |                             |                                 | CITY - ST - ZIP         |   |  |

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 if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: NORMAN W. NICK      1-28-06      861-852-2253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Day      Daytime Phone #