2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 07, 2006 8:00 am Secretary of State

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DOCUMENT # L0500005026 1. Entity Name RADIUS TWELVE ZERO THREE, LLC							08-07-2006	-		0.00
Principal Place of Business Mailing Address										
1777 REISTERSTOWN ROAD SUITE 135 EAST BALTIMORE, MD 21208-1318 US Maining Address 1777 REISTERSTOWN ROAD SUITE 135 EAST BALTIMORE, MD 21208-1318 US Maining Address 1777 REISTERSTOWN ROAD SUITE 135 EAST BALTIMORE, MD 21208-1318 US				US		# # # # # # # # # # # # # # # # # # #	H BOIDH BIII) BOIN BOIN O		HII Ji rii niig i	(5 0 15 1 1 5 5 1
2. Principal Place of Business		3. Mailing Address								
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City & State		City & State				4. FEI Numb) 	803		oplied For ot Applicable
Zip	Country	Zip	Count	try			of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				Nama		7. Name and	Address of New	Registered /	Agent	
SISKIND, JEFFF				Name Street Ar	ddress (F	O Box Numb	er is Not Acceptab	(a)		
525 SOUTH FLAGLER DRIVE TRUMP PLAZA SUITE 200 WEST PALM BEACH, FL 33401				0,000,7	-					
	2 A			City				FL	Zip Cod	6
,	entity submits this statement for	or the purpose of changing its	s registere	ed office or	registere	ed agent, or bo	oth, in the State of Fi	lorida. I am i	amiliar with,	and accept
SIGNATURE	a typed or printed name of registered agent	and title if applicable. (NO	TF: Recittered	1 Agent signatu	re recuired	when minstannal		DATE		
SIGNATURE	s, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signatu	re required	when reinstating)		DATE		
Signature Filling Fo	e. typed or printed name of registered agent ee is \$50.00 ptember 6, 2006	and tide if applicable. (NO	TE: Registered	d Agent signatu	periuper ex	when reinstating)		oate ke check p la Departm		•
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11. I hereby certify that the information supplied with his 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 accurage 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 ecciver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: VV V V V SIGNATURE AND TYPED OR PRINTED NA MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE