


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90018 027 ****50.00

DOCUMENT # L05000026418

1. Entity Name
 4040 SHERIDAN, LLC



Principal Place of Business
 C/O ENGLEBERG & MILGRIM, P.A.
 3230 STIRLING ROAD, SUITE 1
 HOLLYWOOD, FL 33021

Mailing Address
 C/O ENGLEBERG & MILGRIM, P.A.
 3230 STIRLING ROAD, SUITE 1
 HOLLYWOOD, FL 33021

20007823



2. Principal Place of Business
4040 SHERIDAN STREET

3. Mailing Address
4040 SHERIDAN STREET

Suite, Apt. #, etc.

01262006 Chg-LLC CR2E083 (11/05)

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33021

Country
BROWARD

4. FEI Number
20-2489975

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS ESQ.
3230 STIRLING ROAD, SUITE 1
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4040 SHERIDAN STREET

City **HOLLYWOOD** FL Zip Code **33021**

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 _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGELBERG, MORRIS ESQ. <input type="checkbox"/> Delete 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4040 SHERIDAN STREET HOLLYWOOD, FL 33021
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
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 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 by means of a power of attorney or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MORRIS ENGELBERG, MANAGER**

02/09/06 954-966-3900