



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90346 025 ****55.00

DOCUMENT # L04000093021 1. Entity Name WYNWOOD REAL ESTATE, LLC					
Principal Place of Business C/O CHARLES J. GOLDMAN 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139			Mailing Address C/O CHARLES J. GOLDMAN 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVINSON, EDWARD E ESQ. 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, CHARLES J 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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:  CHARLES J. Goldman 3/3/05 (305) 531-4411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="display: flex; justify-content: space-between; font-size: small;"> Date Daytime Phone # </div>					

