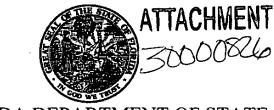
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State 01-18-2006 90004 033 \*\*\*\*55.00 **DOCUMENT # L05000089848** 1. Entity Name 1101 NORTH DIXIE, LLC Principal Place of Business Mailing Address 4700 NW BOCA RATON BOULEVARD, SUITE 104 4700 NW BOCA RATON BOULEVARD, SUITE 104 BOCA RATON, FL 33431-4860 BOCA RATON, FL 33431-4860 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E083 (11/05) 4. FEI Number 20 - 35235 14 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSKIN, SIDNEY M 4700 NW BOCA RATON BOULEVARD, SUITE 101 BOCA RATON, FL 33431-4860 Street Address (P.O. Box Number is Not Acceptable) Zio 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 Signature, typed or privised nerve of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. morkin, Siancy TITLE Delete MLE Change Addition NAME NAME 4700 NW Boca Raton Blvd. STREET ADDRESS STREET ACCORESS Suite 101 CITY-53-79 CITY-ST-ZF Boca Raton, FL 33431-4860 IIILE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE TITLE Oelete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-S1-21P TIME - Delate TITLE . Change \_\_ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 7IP TITLE Detete ☐ Change ☐ Addition NUME STREET ADDRESS STREET ATTORESS CITY-ST-ZIP CITY-ST-ZIP IIILE Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 11. I hereby carsity that the interfaction's popular 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 incorrect any that my signature shall have the same legal effect as if made under each; that I am a managing member or manager of the firnited liability company or the ecclivity or true any phonored to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

Lulos

561-715-9280

FILED Feb 21, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2006

1101 NORTH DIXIE, LLC 4700 NW BOCA RATON BOULEVARD, SUITE 104 BOCA RATON, FL 33431-4860

Subject: 1101 NORTH DIXIE, LLC

Reference Number:

\_\_L05000089848=

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/je ANNUAL REPORTS SECTION