


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000033454	
1. Entity Name 46TH STREET HOLDINGS, LLC	

Principal Place of Business 6181 MIAMI LAKES DR MIAMI LAKES, FL 33014	Mailing Address 6181 MIAMI LAKES DR 6180 MIAMI LAKES DRIVE EAST MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 38-3666771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, FRANK CPA
6181 MIAMI LAKES DR EAST
MIAMI LAKES, FL 33014

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IN THIS SPACE**

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)


**Filing Fee Is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECK, FRANK 6181 MIAM LAKES DR EAST HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINES, MICHAEL 2375 NW 46 STREET BOCA RATON, FL 334318425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06 00052-001 50.00

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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 or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:  DATE: 2/28/06 DAYTIME PHONE #: 305 8215121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE