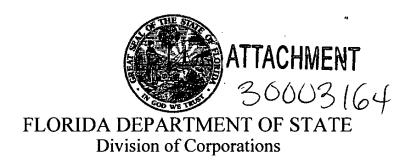
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # L05000046168 1. Entity Name 03-01-2006 90229 010 \*\*\*\*50.00 166 N.W. 93RD STREET, LLC Principal Place of Business Mailing Address 3930 N.E. 2ND AVE, #107 MIAMI FL 33137 3930 N.E. 2ND AVE, #107 MIAMI FL 33137 **2000210**# 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number 42-167858 City & State Applied For Not Applicable 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 Name Street Address (P.O. Box Number is Not Acceptable) MIAMI-FL 33130 Cilv Zip 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 Spreame. Noved or oraxed name of registering again and title it authorities. (NOTE: Registered Agent signature required when reinstuting FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TETLE MGRM Delete Change ☐ Addition NAME ROSEN, NEIL M NAME STREET ADDRESS STREET ADDRESS 3930 N.E. 2ND AVE, #107 CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP ime MGRM □ Desete FIE1 F ☐ Change ■ Addition NAME ROSEN, ELIZABETH STREET ADDRESS STREET ADDRESS 3930 N.E. 2ND AVE, #107 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY - ST- ZIP -☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CRY-ST-7P CITY-ST-ZIP Delete TITLE IITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes. 305-576-5900 SIGNATURE

FILED

Mar 23, 2006 8:00 am

Daylane Ftione #



March 3, 2006

166 N.W. 93RD STREET, LLC 3930 N.E. 2ND AVE, #107 MIAMI, FL 33137

Subject: 166 N.W. 93RD STREET, LLC

Reference Number:

L05000046168

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; 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.

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ANNUAL REPORTS SECTION