2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 13, 2006
Secretary of State

DOCUMENT# L05000026418

Entity Name: 4040 SHERIDAN, LLC

Current Principal Place of Business:

4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-2489975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGELBERG, MORRIS ESQ.
4040 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131 US

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.

SIGNATURE: NERY C. TOLEDO, ASSISTANT SECRETARY 12/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ENGLEBERG, MORRIS ESQ.
Address: 4040 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCGLASHAN, RUDOLPH
Address: 4040 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP/S ( ) Change (X) Addition
Name: SPOTO, ANGIE
Address: 4040 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUDOLPH MCGLASHAN MGR 12/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date