

FILED
Sep 10, 2007 8:00 am
Secretary of State

07-09-2007 90115 046 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000074850			
1. Entity Name 6311 N.E. 20TH TERRACE, LLC			
Principal Place of Business 900 N. FEDERAL HWY, #210 BOCA RATON, FL 33432		Mailing Address 900 N. FEDERAL HWY, #210 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, CHARLES 900 N. FEDERAL HWY, #210 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name: CAPITAL ONE GROUP, LLC Street Address (P.O. Box Number is Not Acceptable): 900 N. FEDERAL HWY #210 City: BOCA RATON FL Zip Code: 33432	
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: 		ERIC WILLNER 7/6/07 DATE	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM - ERIC WILLNER ☐ Delete		TITLE: ☐ Change ☒ Addition	
NAME: ALON N. FEDERAL HWY, #210		NAME: ☐ Change ☐ Addition	
STREET ADDRESS: BOCA RATON, FL 33432		STREET ADDRESS: ☐ Change ☐ Addition	
CITY - ST - ZIP: ☐ Delete		CITY - ST - ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
STREET ADDRESS: ☐ Delete		STREET ADDRESS: ☐ Change ☐ Addition	
CITY - ST - ZIP: ☐ Delete		CITY - ST - ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
STREET ADDRESS: ☐ Delete		STREET ADDRESS: ☐ Change ☐ Addition	
CITY - ST - ZIP: ☐ Delete		CITY - ST - ZIP: ☐ Change ☐ Addition	
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 608, Florida Statutes.			
SIGNATURE: 		7/6/07 (561) 345-5599 Date Copying Print	