

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007341 1. Entity Name S&S DOWNTOWN, L.L.C.	
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Principal Place of Business 1212 S. ANDREWS AVENUE SUITE 203 FT LAUDERDALE, FL 33316	Mailing Address 1212 S. ANDREWS AVENUE SUITE 203 FT LAUDERDALE, FL 33316
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01102006No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026898

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARPE, ORLANDO
1212 S. ANDREWS AVENUE
SUITE 203
FT. LAUDERDALE, FL 33316

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

1100100398568
01/31/06-00003-005.50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARPE, ORLANDO 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOPP, DAVID 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/23/06

954-832-9095