

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007386

1. Entity Name
LINDSAY HOLDINGS, L.L.C.



Principal Place of Business
**230 FIFTH STREET
SECOND FLOOR
MIAMI BEACH, FL 33139 US**

Mailing Address
**230 FIFTH STREET, SECOND FLOOR
MIAMI BEACH, FL 33139 US**



03152006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1022621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINS, SCOTT
230-516 STREET
MIAMI BEACH, FL 33139**

**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**

**U000000493308
04/19/06-80101-005 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEVINE, PHILIP
STREET ADDRESS	1425 N. VIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	ROBINS, SCOTT
STREET ADDRESS	230 FIFTH STREET SECOND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

SCOTT ROBINS

MAR 30 2006

Date

Daytime Phone #