


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 021 ****50.00

DOCUMENT # L00000013050					
1. Entity Name HUDSON FIFTH AVENUE, LLC					
Principal Place of Business 1850 SE 17TH ST, SUITE 300 FORT LAUDERDALE, FL 33301			Mailing Address 1850 SE 17TH ST, SUITE 300 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1071948	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BODENWEBER, SCOTT 1850 SE 17TH ST, SUITE 300 FT LAUDERDALE, FL 33316			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE PD NAME HUDSON, HARRIS W STREET ADDRESS 1850 SE 17TH ST, SUITE 300 CITY-ST-ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HUDSON, STEVEN W STREET ADDRESS 1850 SE 17TH ST, SUITE 300 CITY-ST-ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME WRIGHT, PETER W STREET ADDRESS 1850 SE 17TH ST, SUITE 300 CITY-ST-ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HUDSON, HOLLY J STREET ADDRESS 1850 SE 17TH ST, SUITE 300 CITY-ST-ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Peter W. Wright</u>			3/21/06 954-356-5800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		