

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015179

1. Entity Name
HUDSON AVENUE, LLC



Principal Place of Business
**1600 E. ADAMS DR
MAITLAND, FL 32751-5854**

Mailing Address
**1600 E. ADAMS DR
MAITLAND, FL 32751-5854**



01302006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3685593

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREY, JULIA L
215 N. EOLA DRIVE
ORLANDO, FL 32801**

**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**

U00000475217
04/05/06-80006-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GOLDMAN, MARILYN S
1600 E ADAMS DR
MAITLAND, FL 327515854**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GOLDMAN, SIEGMUND I
1600 E ADAMS DR
MAITLAND, FL 327515854**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

3-15-06

Date

Daytime Phone # _____