


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90080 044 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000011248	
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Principal Place of Business 2040 POLK STREET HOLLYWOOD FL 33020	Mailing Address 1145 SATINLEAF STREET HOLLYWOOD FL 33019
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2. Principal Place of Business 2040 POLK ST.	3. Mailing Address 1145 SATINLEAF ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. HOME
City & State HOLLYWOOD FL.	City & State HOLLYWOOD FL.
Zip 33020 Country U.S.A	Zip 33019 Country USA

2nd MOORE CR2E083 (4/06)

4. FEI Number 65-1130469		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GREENWALD, BERT 1145 SATINLEAF STREET HOLLYWOOD FL 33019		7. Name and Address of New Registered Agent 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 BERT GREENWALD Bert Greenwald 7/24/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By September 6, 2006</b></p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENWALD, BERTRAM 2040 POLK STREET HOLLYWOOD FL 33020 <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
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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: BERT GREENWALD Bert Greenwald 7/24/06 954926-7582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #