

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018252**

1. Entity Name  
6400/6500 LLC



Principal Place of Business  
C/O LEDER GROUP INVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE. 31  
BOCA RATON, FL 33487

Mailing Address  
C/O LEDER GROUP INVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE. 31  
BOCA RATON, FL 33487



01312006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1645673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DANIELS, NICHOLAS M ESQ.  
THERREL BAISDEN, P.A.  
SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400  
MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STJ MANAGEMENT, INC. 6550 W. ROGERS CIR, #31 BOCA RATON, FL 33487
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U00000461529  
03/20/06-80054-018 50.00

**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: Sean A Leder 3/4/06 561-995-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #