

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90022 008 ****50.00

DOCUMENT # L02000019352

1. Entity Name
2650 NORTH ANDREWS AVENUE, LLC



Principal Place of Business

3200 NORTH OCEAN BOULEVARD, UNIT 509
FT LAUDERDALE, FL 33308

Mailing Address

3200 NORTH OCEAN BOULEVARD, UNIT 509
FT LAUDERDALE, FL 33308



03102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0355039

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEEDS, MARILYN
3200 NORTH OCEAN BOULEVARD, UNIT 509
FT LAUDERDALE, FL 33308

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEEDS, MARILYN
STREET ADDRESS	3200 N OCEAN BLVD #509
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	Leeds, Daniel
STREET ADDRESS	3200 N. Ocean Blvd #509
CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #

Marilyn Leeds

3/21/06 954-565-6916