

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000034363**

1. Entity Name  
1050, L.L.C.



**Principal Place of Business**

1060 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154

**Mailing Address**

1060 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154



01092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2311887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

NEUHUT, FRANCES  
1060 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154

**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	MGRM
NAME	NEUHUT, DENIS
STREET ADDRESS	1060 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOUR ISLAND, FL 33154
TITLE	MGR
NAME	NEUHUT, FRANCES
STREET ADDRESS	1060 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOUR ISLAND, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000388911  
01/20/06-80021-021 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:** *Denis St. Neuhut*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #