

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002834

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** 4450 LLC

**Current Principal Place of Business:**

ONE LAS OLAS CIRCLE  
#507  
FT. LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

4731 NE 27 AVE  
FT. LAUDERDALE, FL 33308 US

**Current Mailing Address:**

ONE LAS OLAS CIRCLE  
#507  
FT. LAUDERDALE, FL 33316 US

**New Mailing Address:**

4731 NE 27 AVE  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** 30-0167652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGSENKAMP, STEPHEN P  
ONE LAS OLAS CIRCLE  
#507  
FT. LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

LANGSENKAMP, STEPHEN P  
4731 NE 27 AVE  
FT. LAUDERDALE, FL 33308 US

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.

SIGNATURE: \_\_\_\_\_

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANGSENKAMP, STEPHEN P  
Address: ONE LAS OLAS CIRCLE #507  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANGSENKAMP, STEPHEN P  
Address: 4731 NE 27 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN P. LANGSENKAMP

MGRM

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date