


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90179 023 ****50.00

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| DOCUMENT # L03000004635 | | | |  | |
| 1. Entity Name 505 ORTON, LLC | | | | | |
| Principal Place of Business % 1164 ASSOC., LLC/ATTN: PAUL JOHNSON 1164 EAST OAKLAND PARK BLVD., SUITE 300 OAKLAND PARK, FL 33334 | | | Mailing Address % 1164 ASSOC., LLC/ATTN: PAUL JOHNSON 1164 EAST OAKLAND PARK BLVD., SUITE 300 OAKLAND PARK, FL 33334 | | |
| 2. Principal Place of Business 505 ORTON AVE Suite, Apt. #, etc. | | 3. Mailing Address 533 ORION AVE Suite, Apt. #, etc. | | | |
| City & State FT LAUD FL | | City & State FT LAUD FL | | 4. FEI Number 81-0596417 | |
| Zip 33304 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEBENEDICTIS, ROBERT N % 1164 ASSOCIATES, LLC 64 EAST OAKLAND PARK BLVD., SUITE 300 OAKLAND PARK, FL 33334 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to, Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEBENEDICTIS, ROBERT 227 E. 56 STREET, SUITE 400 NEW YORK, NY 10022 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GALLUCCIO, PAUL D 533 ORION AVE FORT LAUDERDALE, FL 33307 | | 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 | |
| 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 2-76-06 Date Daytime Phone # | | |