


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-21-2006 90179 026 ****50.00

DOCUMENT # L03000009340		
1. Entity Name 710 N BIRCH, LLC		

Principal Place of Business C/O 1164 ASSOCIATES, LLC 1164 EAST OAKLAND PARK BLVD., STE 300 OAKLAND PARK, FL 33334	Mailing Address C/O 1164 ASSOCIATES, LLC 1164 EAST OAKLAND PARK BLVD., STE 300 OAKLAND PARK, FL 33334
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2. Principal Place of Business <u>710 N Birch Road</u>	3. Mailing Address <u>710 N BIRCH RD</u>
Suite, Apt. #, etc.	Suite, Apt. # etc.

City & State <u>FT LAUD FL</u>	City & State <u>FORT LAUD FL</u>
Zip <u>33304</u>	Country
Country	Zip <u>33304</u>
Country	Country

00000001



02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 86-1052302	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEBENEDICTIS, ROBERT N C/O 1164 ASSOCIATES, LLC 1164 EAST OAKLAND PARK BLVD., STE 300 OAKLAND PARK, FL 33334		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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEBENEDICTIS, ROBERT N 227 E 56 STREET, SUITE 400 NEW YORK, NY 10022 <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
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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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

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 	Date <u>2-16-06</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		