


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L03000009443</b><br>1. Entity Name<br><b>6910 S. W. 145 TERRACE LLC</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>6910 S. W. 145 TERRACE<br/>MIAMI FL 33158<br/>US</b>   |  | Mailing Address<br><b>6910 S. W. 145 TERRACE<br/>MIAMI FL 33158<br/>US</b> |  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                              |  |   |  |
| City & State   |  | City & State   |  | 4. FEI Number<br><b>51-0444931</b>  |  |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BACSO, ROBERT R<br/>6910 S. W. 145 TERRACE<br/>MIAMI FL 33158</b>  |  |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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.<br>SIGNATURE: <i>Robert R. Basso</i> <span style="float: right;"><del>4-14-06</del></span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>   |  |  |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>BACSO, THERESA A</b><br><b>6910 S. W. 145 TERRACE</b><br><b>MIAMI FL 33158</b> | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000515873</b><br><b>04/29/06-80221-012 50.00</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | <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 Section 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:** *Robert R. Basso* **4-14-06 305-251-3002**