2006 LIMITED LIABILITY COMPANY

Feb 03, 2006 8:00 am **Secretary of State ANNUAL REPORT** 02-03-2006 90081 020 ****50.00 DOCUMENT # L03000016396 SOUTH CENTRAL BOULEVARD, L.L.C. 20004812 Principal Place of Business Mailing Address 17911 SE FEDERAL HIGHWAY P.O. BOX 3434 TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 51-0467673 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIRVIN, D.R. ESQ Street Address (P.O. Box Number is Not Acceptable) OCEANSIDE PROFESSIONAL CENTRE 1080 EAST INDIANTOWN ROAD, SUITE 105 JUPITER, FL 33477 City 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 Signature, typed or priread name of registered agent and title # applicable. (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State Я. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Delete MGRM BARONE, THOMAS TITLE TITLE TX Change ■ Addition BARONE, THOMAS NAME P.O. BOX 3434 17911 SE FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP TEQUESTA FL 33469 MGRW Delete TITLE TITLE □ Change ☐ Addition Barone, momas MARKE NAME 1654 Grance Wilway STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP 20,4er; F1 33458 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-78 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST- ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME

FILED

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.

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2 GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date



FILING INSTRUCTIONS

The	Original Form is Due By MAY 1, 2006
xx	Please sign at the bottom where the "X" appears on page # 1
	Your Wife signs where the 2nd "X" appears on page #
	There is no tax to pay. Your refund is \$
XX	Please issue a check for \$ 50.00 to:
	United States Treasury.
	New York State Income Tax.
	NYS Employment Tax.
	New York State Sales Tax.
	New York State Corporation Tax.
	Your Bank.
	Commissioner of Taxation & Finance.
	New York City Department of Finance.
	XX FLORIDA DEPARTMENT OF STATE .
	Use EFTPS to Transfer \$ to IRS. Form Qtr
XX	Mail the Original Form in the Attached Envelope.
	The Copy is for your records.
Prepare	
360 Great No Tel: 516 Fax: 516	NOTES: S Smolen CPA, PC. At Neck Road eck, New York 11021 5-482-0033 6-773-9858 hsmolen@smolencpa.com
Log Onto our Website at: smolencpa.com	