

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # L03000018106

1. Entity Name
LOXAHATCHEE VENTURE, LLC



06 MAR 16 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSA

Principal Place of Business
1120 S FEDERAL HWY
STE 200
DELRAY BEACH, FL 33483

Mailing Address
1120 S FEDERAL HWY
STE 200
DELRAY BEACH, FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

65-0961196

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZENGAG, JIM
1120 S FEDERAL HWY
#200
DELRAY BEACH, FL 33483

Name **ZENGAG, JIM**

Street Address (P.O. Box Number Not Acceptable)

missing the E

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

Signature, typed or printed name of registered agent and title if applicable.

(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
RETAIL CONCEPTS INC
1120 S FEDERAL HWY STE 200
DELRAY BEACH, FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400069067684
03/30/06--01062--018 **268.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

By Retail Concepts Inc, its managing member, Jim Zengag, President

3/10/06

278-3100

Date

Daytime Phone #