2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000026201

1. Entity Name

6300 ACQUISITION, LLC



FILED May 02, 2006 08:00 Al Secretary of State

Principal Place of Business

6300 NE 1ST AVENUE

3RD FLOOR

FORT LAUDERDALE, FL 33334

Mailing Address

6300 NE 1ST AVENUE

3RD FLOOR

FORT LAUDERDALE, FL 33334



03212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0105749

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SADER, ESQ., ROBERT L. 1901 W. CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE, FL 33309

SIGNATURE:

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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, 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 MANAGING MEMBERS/MANAGERS 9. 05/17/06-80124-011 50.00 MGRM TITLE ROSCHMAN, ROBERT J NAME STREET ADDRESS 6300 NE 167TH AVE 3RD FL CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE NAME ROSCHMAN, JEFFREY S STREET ADDRESS 6300 NE 167TH AVE 3RD FL CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE