


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90059 002 ***138.75

DOCUMENT # L03000026201 1. Entity Name 6300 ACQUISITION, LLC					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0105749	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SADER, ESQ., ROBERT L. 1901 W. CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE, FL 33309				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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSCHMAN, ROBERT J 6300 NE 1ST AVE 3RD FLOOR FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSCHMAN, JEFFREY S 6300 NE 1ST AVE 3RD FLOOR FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			The Robert Roschman Revocable Trust u/a/d 10-11-2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
The Jeffrey Roschman Revocable Trust u/a/d 3-10-1994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE: _____			Date _____ Daytime Phone # _____		