

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027270

1. Entity Name
053A, LLC



Principal Place of Business
**1350 E. NEWPORT CENTER DR, STE 206
DEERFIELD BEACH, FL 33442**

Mailing Address
**1350 E. NEWPORT CENTER DR, STE 206
DEERFIELD BEACH, FL 33442**



04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1514268

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAY LAW OFFICES
ATTN: JAMES R. KAY, ESQ
700 VILLAGE SQUARE CROSSING, STE. 102B
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000540940
05/10/06-80037-019 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	053, LTD.
STREET ADDRESS	1350 EAST NEWPORT CENTER DR, STE 206
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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IN THIS SPACE**

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: _____

Linda G. Kassof

04/27/2006

(954) 428-4585

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

Date

Daytime Phone #