2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033853

1. Entity Name
1445 HOLDING, LLC

Principal Place of Business	Mailing Address
1445 SW 21ST AVENUE FT. LAUDERDALE, FL 33312 US	1445 SW 21ST AVENUE FT. LAUDERDALE, FL 33312 US

01272006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
41-2108857
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAMMYER, DANIEL L CPA
5975 WEST SUNRISE BLVD., SUITE 216
SUNRISE, FL 33313

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000132564
02/23/06-80072-020 50.00

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIEMS, H. KENNETH
STREET ADDRESS	3011 S.W. 47 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	MGRM
NAME	SIEMS, STEVEN L
STREET ADDRESS	2412 NASSAU LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: Member Manager 02/09/06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #