

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90018 037 ****50.00

DOCUMENT # L03000034953

1. Entity Name
81 NW 30TH STREET, LLC



Principal Place of Business
C/O NEAL S. LITMAN, P.A.
GROVE PLAZA-2ND FLOOR, 2900 SW 28TH TERR
COCONUT GROVE, FL 33133

Mailing Address
C/O NEAL S. LITMAN, P.A.
GROVE PLAZA-2ND FLOOR, 2900 SW 28TH TERR
COCONUT GROVE, FL 33133

2. Principal Place of Business

3. Mailing Address

PO Box 402545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33140

USA

02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number

36-4546202

Applied For

Not Applicable

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

DEUTCH, RICHARD E JR
C/O NEAL S. LITMAN, P.A.
GROVE PLAZA-2ND FLOOR, 2900 SW 28TH TERR
COCONUT GROVE, FL 33133

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

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGRM	LOUGHEAD, LINFORD L	55 NW 30TH ST.	MIAMI, FL 33127	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Linford L. Loughead 24 April 2006 305-941-6885

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

Date

Daytime Phone #