2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000035952

1. Entity Name
4700 NW 2ND AVENUE, LLC

Principal Place of Business	Mailing Address
5000 T-REX AVE., STE. 150	5000 T-REX AVE., STE. 150
BOCA RATON, FL 33431	BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

03062006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-4270037	Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, NED L
5000 T-REX AVE., STE. 150
BOCA RATON, FL 33431

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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.
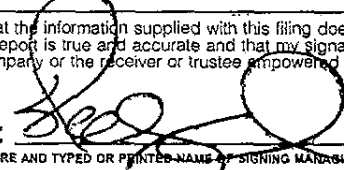
SIGNATURE _____

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	SIEGEL, NED L	
STREET ADDRESS	5000 T-REX AVE STE. 150	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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05/02/06-80083-019 50.00

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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 608, Florida Statutes.

SIGNATURE: _____   3-8-06   561 998-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #