FILED
Feb 20, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000001100

1. Entity Name
OWL'S NEST LLC

Principal Place of Business	Mailing Address
1000 SOUTH POINT DR, APT 2604 MIAMI BEACH, FL 33139	C/O DAN SAPADIN / OWL CREEK MGMT 640 FIFTH AVENUE, 20TH FLOOR NEW YORK, NY 10019

DO NOT WRITE IN THIS SPACE

02072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
06-0468355

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480

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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 _____ _____ _____
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	ALTMAN, JEFFREY A
STREET ADDRESS	1000 SOUTH POINT DR, APT 504
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/06-80011-003 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, trustee or other court appointed fiduciary empowered to execute this report as required by Chapter 608, Florida Statutes.

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