# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000031487**

1. Emity Name **604 NE 14TH AVENUE LLC** 



**FILED** Feb 15, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

Malling Address

7000 ISLAND BLVD., APT #402 AVENTURA, FL 33160

7000 ISLAND BLVD., APT #402 AVENTURA, FL 33160



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02022006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1226725 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Redulred

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

ALLEN, STUART 7000 ISLAND BLVD APT. 402 AVENTURA, FL 33160

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<ol><li>The above named entity submits this statement for the purpose of changing the obligations of registered agent.</li></ol>	g its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE  Signature burner or pricinal name of projetness area and the B applicable.	1970TE Registered Americal ansature required when reinstelling)	DATE

(NOTE. Registered Agent signature required when reinstelling)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM GREENBERG, MONTE I 7000 ISLAND BLVD., APT #402 AVENTURA, FL 33160 MGRM ALLEN, STUART N 7000 ISLAND BLVD., APT #402 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - S1 - 217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THRE NAME STREET ADDRESS CHY-ST-ZIP	

1100000434450 02/25/06-80002-017 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 empowared 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

02 -11-04