

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034944

FILED
Mar 21, 2006
Secretary of State

Entity Name: 1228 NW 4TH STREET, LLC

Current Principal Place of Business:

300 N.W. 12TH AVENUE
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

300 N.W. 12TH AVENUE
MIAMI, FL 33128

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTORANO, SALVATORE
300 NW 12 AVE
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SIBLEY, RUSSELL A JR
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128

Title: V () Delete
Name: REVALES, RON
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128

Title: V () Delete
Name: ROVIN, TY
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128

Title: S () Delete
Name: RODRIGUEZ, KATHLEEN
Address: 300 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SALVATORE MARTORANO

RA

03/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date