

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038387

Entity Name: FL954, L.L.C.

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

4737 NORTH OCEAN DRIVE, SUITE 305
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

4737 NORTH OCEAN DRIVE
SUITE 305
FT. LAUDERDALE, FL 33308

Current Mailing Address:

4737 NORTH OCEAN DRIVE, SUITE 305
FT. LAUDERDALE, FL 33308

New Mailing Address:

4737 NORTH OCEAN DRIVE
SUITE 305
FT. LAUDERDALE, FL 33308

FEI Number: 20-1289467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SERFATY, CHARLES S ESQ
4340 SHERIDAN ST, SECOND FLOOR
HOLLYWOOD, FL 33021 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: MGR () Delete
Name: LAVENDER, CLAUDE
Address: 4737 NORTH OCEAN DRIVE, SUITE 305
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAVENDER, CLAUDE
Address: 4737 NORTH OCEAN DRIVE, SUITE 305
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGR () Change (X) Addition
Name: DOIGNEE, JOSIANE
Address: 4737 NORTH OCEAN DRIVE, SUITE 305
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: CLAUDE LAVENDER

MGR

01/06/2006

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