

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000052360

1. Entity Name

329 NOKOMIS AVENUE SOUTH SUITE J, LLC



Principal Place of Business

2477 STICKENY POINT ROAD STE. 303B
SARASOTA, FL 34231

Mailing Address

2477 STICKENY POINT ROAD STE. 303B
SARASOTA, FL 34231



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1562190

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JONATHAN R
9360 SUNSET DRIVE STE. 220
MIAMI, FL 33173

**DO NOT WRITE
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 registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RUBIN, FERNE S
STREET ADDRESS 2477 STICKENY POINT ROAD STE. 303B
CITY-ST-ZIP SARASOTA, FL 34231

TITLE MGRM
NAME RUBIN, JONATHAN R
STREET ADDRESS 9360 SUNSET DRIVE STE. 220
CITY-ST-ZIP MIAMI, FL 33173

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02/14/06-80001-013 50.00

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IN THIS SPACE**

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:

Ferne Rubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #