FILED
May 09, 2005 8:00 am
Secretary of State
04-13-2005 90215 049 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062449

1. Entity Name
460 W 43RD STREET, LLC

Principal Place of Business	Mailing Address
460 W. 43RD STREET MIAMI BEACH, FL 33134	460 W. 43RD STREET MIAMI BEACH, FL 33134

J0000774

01212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		Po Box 2223	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIAMI BEACH	
City & State		City & State FLORIDA	
Zip	Country	Zip 33140	Country U.S.A

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~LUSKY & MOTOLA P.A.~~
~~301 ALMERIA AVE., STE. 345~~
~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent

Name HOFFMAN LEVY BENGIO + CO
Street Address (P.O. Box Number is Not Acceptable) ATTENTION : RONEN BENHARUSH
2525 N STATE ROAD 7 SUITE 115
City HOLLYWOOD FL Zip Code 33021

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] 5/1/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADRIAN GREEN 3120 PINE TREE DRIVE MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YVES BARROUKH 5696 ALTON ROAD MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3/18/05 786-395-5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #