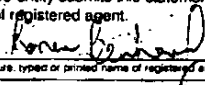
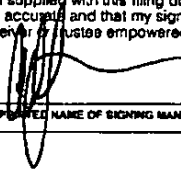


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90215 049 ****50.00

DOCUMENT # L04000062449			
1. Entity Name 460 W 43RD STREET, LLC			
Principal Place of Business 460 W. 43RD STREET MIAMI BEACH, FL 33134		Mailing Address 460 W. 43RD STREET MIAMI BEACH, FL 33134	
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	Country
		33140	U.S.A
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUSKY & MOTOLO P.A. 301 ALMERIA AVE., STE. 345 CORAL GABLES, FL 33134		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: 		DATE: 5/1/05	
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	MORM YVES BARRAKUSH 5616 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 606, Florida Statutes.			
SIGNATURE: 		DATE: 3/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	
		706-395-5559	

30000774



01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For
Not Applicable

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