

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90223 043 ****55.00

DOCUMENT # L04000066861

1. Entity Name

1854 LLC



Principal Place of Business

Mailing Address

520 HARBOR DRIVE
KEY BISCAYNE FL 33149 -1707
US

P.O. BOX 14-1933
CORAL GABLES FL 33114

2. Principal Place of Business

3. Mailing Address

520 HARBOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

KEY BISCAYNE - FLORIDA

Zip

Country

Zip

33149-1707

Country

U.S.A.

4. FEI Number

84-1660841

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRAZANA, ENRIQUE A
520 HARBOR DRIVE
KEY BISCAYNE FL 33149 -1707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33149-1707

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CARRAZANA, ALICIA M
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CARRAZANA, ENRIQUE A
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CARRAZANA, ENRIQUE J
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CARRAZANA, MARIA D
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **ALICIA M. CARRAZANA- MGRM**

FEBRUARY 03, 2006.- (305) 361-2645

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

Date

Daytime Phone #