

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90034 008 ****50.00

DOCUMENT # L04000067385

1. Entity Name
WAYNE ASSOCIATES, LLC



Principal Place of Business
**800 CORPORATE DRIVE, SUITE 310
FT. LAUDERDALE, FL 33334**

Mailing Address
**800 CORPORATE DRIVE, SUITE 310
FT. LAUDERDALE, FL 33334**

DO NOT WRITE IN THIS SPACE



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0079851

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSKOWITZ, MICHAEL W ESQ.
% MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, PA
800 CORPORATE DRIVE, SUITE 510
FORT LAUDERDALE, FL 33334**

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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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HORWITZ, P.A., WAYNE
800 CORPORATE DRIVE, SUITE 310
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

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

4-25-06

Date

954-771-7011

Daytime Phone #