


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L04000070212</b><br><small>1. Entity Name</small><br>1940 HARRISON, LLC   |   |  |   |                               |  |
| <small>Principal Place of Business</small><br>4700 NW BOCA RATON BLVD<br>SUITE 104<br>BOCA RATON, FL 33431-4860   |   |  | <small>Mailing Address</small><br>4700 NW BOCA RATON BLVD<br>SUITE 104<br>BOCA RATON, FL 33431-4860   |  |  |
| <small>2. Principal Place of Business</small><br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  | <small>3. Mailing Address</small><br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |  |
| <small>6. Name and Address of Current Registered Agent</small><br>MOSKIN, SIDNEY M<br>4700 NW BOCA RATON BLVD<br>BOCA RATON, FL 33431-4860  |   |  | <small>7. Name and Address of New Registered Agent</small><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL Zip Code</span> |  |  |
| <small>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.</small><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>   |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | MGRM<br>MOSKIN, SIDNEY M<br>17735 FIELDBROOK CIRCLE N<br>BOCA RATON, FL 334961534 | <input type="checkbox"/> Delete                                    | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>UN00000384799<br>01/17/06-80030-007 55.00 |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  |   | <input type="checkbox"/> Delete                                    | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  |   | <input type="checkbox"/> Delete                                    | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| <small>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 606, Florida Statutes.</small> |   |  |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |   |  |  |
|   |   |  |   | <small>Date</small> _____ <small>Daytime Phone #</small> _____   |  |