## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 12, 2006 08:00 AM

DOCUMENT # L04000070. 1. Entity Name 1940 HARRISON, LLC	212		Secretary of State
Principal Place of Business 4700 NW BOCA RATON BLVD	Mailing Address	d DI VID	
SUITE 104	4700 NW BOCA RATON SUITE 104		
BOCA RATON, FL 33431-4860	BOCA RATON, FL 334	31-4860	1 MENTAL EN EUN EERN EEN LEKK EEN EK KEIN EK KEIN KEEN LEKKE LOKE MET WEEL IN SEEL IN SEEL
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01112006 Chg-LLC CR2E083 (11/05)
City & State	City & State		4. FEI Number   Applied For   20-1820115   Not Applicable
Zip Country	Zip	Country	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
MOSKIN, SIDNEY M	· · · · <del>- · - · · ·</del> · · · · · · · · · · · · · ·	Name	
4700 NW BOCA RATAN BLVD BOCA RATON, FL 33431-4860		Street Address	s (P.O. Box Number is Not Acceptable)
		City	<b>E</b> ∉
8. The above named entity submits this statement to	the purpose of changing its	{ `	FL   Zip Code itered agent, or both, in the State of Florida. I am familiar with, and accep
the obligations of registered agent.	and parpose of orionighing ha	rogicialog office of regist	torod agont, or both, in the date of Horida. I am lairmar mai, and accep
SIGNATURE Signature, typed or printed name of registered agent 2	und title if applicable (NOT	E. Registered Agent signaturs requi	ired when reinstaling) DATE
Filing Fee is \$50.00 Due by May 1, 2006		— ·- ·	Make check payable to Florida Department of State
9. MANAĞING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGRM NAME MOSKIN, SIDNEY M	☐ Delete	TIPLE	Change Addition
STREET ADDRESS 17735 FIELDBROOK CIRCLE N		Name Street address	U000001384799 01/17/06-80030-807 55.00
017Y-S1-ZIP BOCA RATON, FL 334961534		CITY-ST-ZIP	01717706-80030-007 55.00
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CITY-ST-ZIP		CHY-ST-ZIP	
11. I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company of the receiver or the re-	this filling does not qualify for that my signature shall have	or the exemptions contained the same legal effect as it	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath, that I am a managing member or manager of the apter 608, Florida Statutes.
A STATE OF THE STA	The state of the s	report as required by Org	gymmoos, i circa dialutas.
SIGNATURE:	4	•	
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