


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000077798

1. Entity Name
 12345.6 LLC



Principal Place of Business 12345 NE 6TH. AVENUE A NORTH MIAMI, FL 33161 US	Mailing Address 12345 NE 6TH. AVENUE A NORTH MIAMI, FL 33161 US
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1800764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BARRY R
 2800 FAIRGREEN DRIVE
 MIAMI BEACH, FL 33140

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000781936
 01/15/08-80054-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, BARRY R 2800 FAIRGREEN DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVINO-MILLER, ADRIANA 2800 FAIRGREEN DRIVE MIAMI BEACH, FL 33140
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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:  ADRIANA SAVINO 1/10/08 305.895.9082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #