## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State

ANITOAL ILLI VILI					5 ceretary or state				
1. Entity Nam	MENT # L04000089 60 WEST, LLC				04-26-2006 9	0030 048	****50	.00	
Principal Place of Business 3900 SW 30TH AVENUE SUITE THREE FORT LAUDERDALE, FL 33312		Mailing Address 3900 SW 30TH AVENUE SUITE THREE FORT LAUDERDALE, FL 33312			4 1 <b>83</b> 11021 <b>8</b> 11 1	Polit Bibil Belii Odiii Adiii	1 88:8† 1811 <b>2</b> 18118		TEL KI (FE)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		042	212006	Chg-LLC	CR2E083	3 (11/05)	
City & State		City & State			4. FEI Number         Applied For           20-2145735         Not Applicable				·
Zìp	Country	Zip	Country			of Status Desired	Fe Fe	5.00 Add e Required	
	6. Name and Address of Current	Registered Agent		7. N	lame and	Address of New R	egistered Ag	ent	
1500 N. FE 250	SON, JOHN J ESQ. EDERAL HIGHWAY JDERDALE, FL 33304		Sireer Ac	adress (P.O. B	ox Numbe	ris Not Acceptable	on E	<u> </u>	
			#OV	+ 101	7U 07	ccla be	FL	Zin Code	シン
8. The above the obligation	named entity submits this statement fitions of registered agent.	or the purpose of changing its r	egistered office or	registered age	ent, or both	n, in the State of Flo	rida. I am fan	niliar with,	and accept
SIGNATURE .	2.1								
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signatu	re required when re	instating)	<del></del> ·	DATE		
	iling Fee is \$50.00 ue by May 1, 2006	and title if applicable. (NOTE:	Registered Agent signatu	re required when re	instating)		e check pay Departmen		•
	iling Fee is \$50.00		Registered Agent signatu	re required when re	instating)		e check pay Departmen		•
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006- MANAGING MEMB MGRM RICHARDSON, KENNETH E	ERS/MANAGERS  Delete	10. TITLE NAME	re required when re	instating)	Florida	e check pay Departmen		Addition
9.	MANAGING MEMB MGRM RICHARDSON, KENNETH E 3900 SW 30TH AVENUE, SUITE FORT LAUDERDALE, FL 3331	ERS/MANAGERS  Delete  THREE	10.	re required when re	instating)	Florida	e check pay Departmen	t of State	
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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: 4125/QL 954-581-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daile Daylore Phone &