



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90004 035 ****55.00

DOCUMENT # L05000000850 1. Entity Name 4861 NORTH DIXIE HIGHWAY, LLC																																
Principal Place of Business C/O SIDNEY M. MOSKIN 23408 MIRABELLA CIRCLE SOUTH BOCA RATON, FL 33433			Mailing Address C/O SIDNEY M. MOSKIN 23408 MIRABELLA CIRCLE SOUTH BOCA RATON, FL 33433																													
2. Principal Place of Business 4700 NW Boca Raton Blvd. Suite 101 Boca Raton, FL 33431-4860		3. Mailing Address 4700 NW Boca Raton Blvd. Suite 101 Boca Raton, FL 33431-4860																														
Zip Country		Zip Country		01112006 Chg-LLC CR2E083 (11/05)																												
4. FEI Number 20-2152918				Applied For <input type="checkbox"/> Not Applicable																												
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MOSKIN, SIDNEY M 23408 MIRABELLA CIRCLE SOUTH BOCA RATON, FL 33433																												
7. Name and Address of New Registered Agent Name MOSKIN, Sidney M Street Address (P.O. Box Number is Not Acceptable) 4700 NW Boca Raton Blvd. Suite 101 City Boca Raton, FL 33431-4860 State FL Zip Code				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 <u>1/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																												
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>MOSKIN, Sidney M</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4700 NW Boca Raton Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Suite 101</td> <td></td> </tr> <tr> <td></td> <td>Boca Raton, FL 33431-4860</td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Delete	NAME	MOSKIN, Sidney M	<input type="checkbox"/>	STREET ADDRESS	4700 NW Boca Raton Blvd.		CITY-ST-ZIP	Suite 101			Boca Raton, FL 33431-4860	<input type="checkbox"/>	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													
Date <u>1/11/06</u>			Daytime Phone # <u>561-989-280</u>																													