

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-01-2006 90228 021 ****50.00

DOCUMENT # L05000003075 1. Entity Name 1464-1468 SW 6TH ST., LLC																													
Principal Place of Business 752 WEST FLAGER ST., SUITE 105 MIAMI FL 33130			Mailing Address 752 WEST FLAGER ST., SUITE 105 MIAMI FL 33130																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 65-0091937																									
				Applied For ☐ Not Applicable																									
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146			7. Name and Address of New Registered Agent Name MARIANN KLOTZ Street Address (P.O. Box Number is Not Acceptable) 752 West Flager St #105 City Miami FL Zip Code 33130																										
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><i>Mariann Klotz</i></u> MARIANN KLOTZ DATE 2/16/06 Signature, typed or printed name, or signature of agent and title is acceptable. (MOORE: Registered Agent signature required when remaining)																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Macy's Co Ltd 752 West Flager St #105 Miami, FL 33130 </td> <td style="width: 20%; padding: 2px; text-align: center;"> ☐ Delete </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Macy's Co Ltd 752 West Flager St #105 Miami, FL 33130	☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 20%; padding: 2px; text-align: center;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Mariann Klotz, Registered Agent SIGNATURE: <u><i>Mariann Klotz</i></u> DATE 2/16/06 305-645-8927 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													



ATTACHMENT
30003529

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

1464-1468 SW 6TH ST., LLC
752 WEST FLAGLER ST., SUITE 105
MIAMI, FL 33130

Subject: 1464-1468 SW 6TH ST., LLC

Reference Number: L05000003075

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh
ANNUAL REPORTS SECTION

See revised report attached