

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90150 022 ****50.00

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1. Entity Name
3690 NW 80 AVE, LLC

Principal Place of Business
3690 NW 80 AVE
CORAL SPRINGS, FL 33065

Mailing Address
22263 RUSHMORE PLACE
BOCA RATON, FL 33428



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2212171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRACY, DAVID H
22263 RUSHMORE PLACE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE : MGRM ☐ Delete
NAME TRACY, DAVID H
STREET ADDRESS 22263 RUSHMORE PLACE
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE : MGRM ☐ Delete
NAME TRACY, JAYE L
STREET ADDRESS 22263 RUSHMORE PLACE
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE : ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE : ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE : ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE : ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE : ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE : ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE : ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David H. Tracy 2/4/06