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Secretary of State

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000010091

1. Entity Name

1170, LLC

Principal Place of Business	Mailing Address
21170 NE 22ND CT MIAMI FL 33180-1002	21170 NE 22ND CT MIAMI FL 33180-1002

1st MOORE CR2E083 (10/05)

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: 20-2962043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSEN, LAWRENCE N 21170 NE 22ND CT MIAMI FL 33180-1002	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 ______________________ DATE ______

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member JOGA DOBE LLC 3710 N. 37th Terrace Hollywood, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LAWRENCE N. Rosen 21170 NE 22 Court Miami, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Lawrence N. Rosen MANAGER 1/26/06 305/932-9555

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

ATTACHMENT
300024251
#L05000010091

1170, LLC

21170 N. E. 22nd Court
Miami, Florida 33180
305-932-9955

April 3, 2006

Florida Department of State
P. O. Box 6478
Tallahassee, Florida 32314

Re: 1170, LLC - Reference Number L05000010091

Dear Sir or Madam:

Attached for the fourth (4th) time is a corrected 2006 Limited Liability Company Annual Report, wherein we have crossed out the word "member" in **Item 9,** first box. Hopefully, this will be the last correction.

Please do not hesitate to contact me with any questions you may have.

Very truly yours,

1170, LLC

Corinne D. Rosen,
Administrative Assistant

/cdr

Enclosure