2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # L05000016613 1. Entity Name NW 11TH PLACE, LLC Principal Place of Business Mailing Address 252 SOUTH FIG TREE LANE 252 SOUTH FIG TREE LANE PLANTATION FL 33317 US PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applica Zip Country Country \$5.00 Additional 5. Cerblicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRY S. SCHINDER, P.A. Street Address (P.O. Box Number is Not Acceptable) 1909 TYLER STREET PENTHOUSE HOLLYWOOD FL 33020 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or partied name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U00000439775 Make Check Payable to Florida Department of State 03/02/06-80012-017 50.00 Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TIFLE MGRM Delete TITLE ☐ Change ☐ Add :: NAME SIMONS, JANE F NAME STREET ADDRESS 252 SOUTH FIG TREE LANE STREET ADDRESS CITY -ST-ZYP DITY - ST - 202 PLANTATION FL 33317 TITIF ☐ Delete Tata E Change $\square M$ NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ITP TITLE ☐ Defete TOTALE Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THE E ☐ Change 目析 NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ame ☐ Change ☐ Addi NAME STREET ADDRESS STREET ADDRESS City-St-789 CITY-ST-ZIP TITLE ☐ Delete ☐ Change BILE □ A4 NAME NAME STREET ADDRESS STREET ADURESS CHY-SI-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

**FILED** 

SIGNATURE: Jane F. Simons Jane F. Simons 01/24/06 954-583-6925

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.