
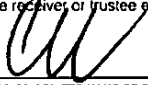


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90040 041 \*\*\*\*50.00

<b>DOCUMENT # L05000021035</b> 1. Entity Name 618 45TH STREET, LLC									
Principal Place of Business 450 E. LAS OLAS BLVD., STE. 1500 FORT LAUDERDALE, FL 33301			Mailing Address 450 E. LAS OLAS BLVD., STE. 1500 FORT LAUDERDALE, FL 33301						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent  AMERICAN INFORMATION SERVICES, INC. 350 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City						
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.			4. FEI Number 20-5041196						
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable						
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:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          m G R M          HWH SR PERP TRUST MASTER TR 1 SHARE A          450 E Las Olas Blvd #1500          Fort Lauderdale, FL 33301       </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition m G R M HWH SR PERP TRUST MASTER TR 1 SHARE A 450 E Las Olas Blvd #1500 Fort Lauderdale, FL 33301
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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:  <div style="float: right; text-align: right;">           4/25/06            Date         </div>									