


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

01-30-2006 90154 005 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

1/

DOCUMENT # L05000024470			
1. Entity Name 0876 SNOWMASS CREEK, LLC			
Principal Place of Business 5500 COLLINS AVENUE MIAMI BEACH, FL 33140 US		Mailing Address 5500 COLLINS AVENUE MIAMI BEACH, FL 33140 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7805 S.W. 6TH COURT PLANTATION, FL 33324		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ <small>Signature, typed or printed name of registered agent and the filer applies. NOTE: Registered Agent signature required when relinquishing.</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROTHERS, MARSHALL 5500 COLLINS AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: <i>2/27/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30001123



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2476158

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

FL Zip Code

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *2/27/06*
Daytime Phone #



Attachment
30001123

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

0876 SNOWMASS CREEK, LLC
5500 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

Subject: 0876 SNOWMASS CREEK, LLC

Reference Number:

L05000024470

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):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/CC

ANNUAL REPORTS SECTION