2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L05000026426 03-01-2006 90228 050 ****50.00 444 N.E. 96TH STREET, LLC Principal Place of Business Mailing Address 300002 3930 N.E. 2ND AVENUE, #107 MIAMI FL 33137 3930 N.E. 2ND AVENUE, #107 MIAMI FL 33137 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 42-16651 94 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, JUAN E Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8TH STREET, STE. 2550 MIAMI FL 33130 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 accept the obligations of registered agent. SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS a 10 ADDITIONS/CHANGES TITLE MGRM TITEF ☐ Delete ☐ Change ■ Addition NAME ROSEN, NEIL M STREET ADDRESS 3930 N.E. 2ND AVENUE, #107 STREET ADDRESS CITY-ST-ZP MIAMI FL 33137 CITY-ST-ZIP THILE ☐ Delete TILLE ---- Change ☐ Addition NAME ROSEN, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 3930 N.E. 2ND AVENUE, #107 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition HOF TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fifting 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. 305-576-5900 SIGNATURE:

FILED

Mar 23, 2006 8:00 am



March 3, 2006

444 N.E. 96TH STREET, LLC 3930 N.E. 2ND AVENUE, #107 MIAMI, FL 33137

Subject: 444 N.E. 96TH STREET, LLC

Reference Number:

L05000026426

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> 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.

/mh ANNUAL REPORTS SECTION