

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90165 043 ****50.00

40007036



01182006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000044031		
1. Entity Name KOSHAW, LLC		

Principal Place of Business 2550 N.E. 15TH AVENUE FT. LAUDERDALE, FL 33305-1310	Mailing Address 2550 N.E. 15TH AVENUE FT. LAUDERDALE, FL 33305-1310
---	---

2. Principal Place of Business P.O. Box 590716	3. Mailing Address P.O. Box 590716
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33359	Zip 33359
Country USA	Country USA

4. FEI Number 20-4114656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WEISS, SCOTT A ESQ. 2550 N.E. 15TH AVENUE FT. LAUDERDALE, FL 33305-1310	
---	--

7. Name and Address of New Registered Agent Name HALYNA SHAW Street Address (P.O. Box Number is Not Acceptable) 6160 NW 33 WAY City FORT LAUDERDALE FL Zip Code 33309	
--	--

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 HALYNA SHAW <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE Feb 6/2006
--	--	------------------------

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	MGR SHAW, HALYNA 2550 N.E. 15TH AVENUE FT. LAUDERDALE, FL 333051310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6160 NW 33 Way Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOKASKA, YVONNE 2550 N.E. 15TH AVENUE FT. LAUDERDALE, FL 333051310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6160 NW 33 Way Fort Lauderdale, FL 33309
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
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
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
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: HALYNA SHAW, Manager <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date Feb 6/2006 Daytime Phone # (954) 849-8371