

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90062 031 ****50.00

DOCUMENT # L05000049638

1. Entity Name
1031 PARTY ACCOMMODATOR, LLC



Principal Place of Business
3675 SW 24 STREET
2ND FLOOR
MIAMI, FL 33145

Mailing Address
3675 SW 24 STREET
2ND FLOOR
MIAMI, FL 33145

20001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
51-0543625

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHS, KARL
3675 SW 24 STREET
2ND FLOOR
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGR ☐ Delete
NAME SACHS, KARL
STREET ADDRESS 3675 SW 24 STREET, 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

KARL M. SACHS 1/12/06 305-446-9700