

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90203 009 ****50.00

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DOCUMENT # L05000050884 1. Entity Name 6121 NW 11TH STREET, LLC					
Principal Place of Business 2424 NORTH FEDERAL HIGHWAY, SUITE 462 C/O STEVEN L. DANIELS, ESQ BOCA RATON, FL 33431			Mailing Address 2424 NORTH FEDERAL HIGHWAY, SUITE 462 C/O STEVEN L. DANIELS, ESQ BOCA RATON, FL 33431		
2. Principal Place of Business 5957 OAKLAND PARK BLVD. Suite, Apt. #, etc.		3. Mailing Address 1730 S. FEDERAL HWY. Suite, Apt. #, etc. SUITE 283		02232006 Chg-LLC CR2E083 (11/05)	
City & State LAUDERHILL, FL Zip 33313		City & State DELRAY BEACH Zip 33483		4. FEI Number 59-3805935 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, STEVEN L ESQ. 2424 NORTH FEDERAL HIGHWAY, SUITE 462 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name EFRON, SCOTT A. Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY., SUITE 283 City DELRAY BEACH FL Zip Code 33483	
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 DATE 02-27-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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 EFRON, SCOTT 6075 VIA CRYSTALLE DELRAY BEACH, FL 33484	<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	MGRM MOELLER, ANDERS 6075 VIA CRYSTALLE DELRAY BEACH, FL 33484	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			02-27-06 954-748-2529		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		