

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90092 045 ****50.00

DOCUMENT # L05000060025 1. Entity Name 1990 N.E. 163RD ST. LLC					
Principal Place of Business 16711 COLLINS AVENUE SUNNY ISLES, FL 33160			Mailing Address 16711 COLLINS AVENUE SUNNY ISLES, FL 33160		
2. Principal Place of Business 16711 COLLINS AVENUE Suite, Apt. #, etc. #1903		3. Mailing Address 16711 COLLINS AVENUE Suite, Apt. #, etc. #1903			
City & State SUNNY ISLES BEACH FL.		City & State SUNNY ISLES BEACH FL.		4. FEI Number 20-3063233	
Zip 33160		Country 33160		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAKHOV, ILYA 16711 COLLINS AVENUE SUNNY ISLES, FL 33160				7. Name and Address of New Registered Agent Name SHAKHOV ILYA Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVENUE #1903 City SUNNY ISLES BEACH FL Zip Code 33160	
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: <u><i>Ilya Shakhov</i></u> DATE: <u>9-5-06</u> <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 September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKHOV, ILYA 16711 COLLINS AVENUE SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	16711 COLLINS AVENUE. #1903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKHOV, ZHANNA 16711 COLLINS AVENUE SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	16711 COLLINS AVENUE #1903 <input checked="" 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
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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: <u><i>Ilya Shakhov</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: <u>9-5-06</u> <small>Daytime Phone #</small>	