

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069108

Entity Name: DISTRICT FOUR35, LLC

FILED
Jul 28, 2006
Secretary of State

Current Principal Place of Business:

435 N. ANDREWS AVENUE
#1
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

435 N. ANDREWS AVENUE
#1
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 56-2522782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VINKEN, ELENA NANI
1009 SW 21ST STREET
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

ROSSI, GIOVANNI
333 LAS OLAS WAY #1908
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: GIOVANNI ROSSI

07/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ROSSI, GIOVANNI
Address: 333 LAS OLAS WAY #1908
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: PRES () Delete
Name: VINKEN, ELENA NANI
Address: 1009 SW 21ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33315 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIOVANNI ROSSI

PRES

07/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date