## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000076684

1. Entity Name



**FILED** Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90036 041 \*\*\*\*50.00

Maring Actives   34 NORTH NEW BYEN DRIVE EAST   34 NORTH NEW BRIVE DRIVE EAST   35 No.	700 SW 1	15 AVENUE, LLC							
Solid Apt   40   Cry & State	347 NORTH NEW RIVER DRIVE EAST 206		347 NORTH NEW RIVER DRIVE EAST 206		1 (8 8 ) (8 ) (	H BATHI GUH BANK BANK BANK		III <b>gire</b> ri di 1981	
Cay & State	2. Principal Place of Business		3. Mailing Address						
Zep	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272006	Chg-LLC	CR2E083 (11/	05)	
Country	City & State		City & State		4. FEI Numb	er 33946	58/	+ • • • • • • • • • • • • • • • • • • •	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable in the Number is Not Acce	Zip	Country	Zip	Country			□ \$5.00		
HOFFMAN, STEPHEN V   1500 NORTH FEDERAL HIGHWAY 200   FORT LAUDERDALE, FL 33304   Steel Address (P.O. Box Number is Not Acceptable)   City   FL   201 County   FL   201 Coun		6. Name and Address of Current	Name	7. Name an	Address of New R	egistered Agent			
FORT LAUDERDALE, FL 33304  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent. or registered agent, or both, in the State of Florida. I am familiar with, and accept the properties of the properties.   Signature registered agent. or registered agent.   Signature registered agent. or registered agent. or registered	1500 NOR	N, STEPHEN V ITH FEDERAL HIGHWAY			ess (P.O. Box Numb	per is Not Acceptable	*)		
8. The above named onlity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE		JDERDALE FL 33304					<del> </del>		
THE obligations of registered agent.    SigNATURE				City	m: 171.2		FL Zip	Code	
Systatus, hybrid for printed name of inquarited lagorit and 19 of a Agoriticable   Chiff Regulatorist Agoritic significant   Chiff Regulatorist Agoritic significant   Chiff Regulatorist   Chiff Re	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.								
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE MGRM	SIGNATURE .	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE		
MARE NAME WHARTON, ADAM STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$50.00 Due by May 1, 2006								
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBE	L RS/MANAGERS	10.		ADDITIONS/	CHANGES		
NAME   STREET ADDRESS   CITY-ST-ZIP   CITY	NAME STREET ADDRESS	WHARTON, ADAM 520 SE 5TH AVENUE, SUITE 320		NAME STREET ADDRESS			☐ Char	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	NAME Street Address		☐ Delete	NAME STREET ADDRESS			Chan	ige Addition	
NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME STREET ADDRESS CITY- ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADORESS			☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			☐ Chan	nge Addition	
11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-S1-ZIP					

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: AND AM LU HAR TON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 03/24/06 954-778-5124 Date Daytine Phone #