2006 LIMITED I \BILITY COMPANY ANNUAL REPORT

FILED Jun 26, 2006 8:00 am Secretary of State

DOCUMENT # L05000078826 1. Entity Name 2014 SOUTH ANDREWS AVENUE, LLC					Secretary of State 06-26-2006 90272 012 ****50.00				
2014 SOUTH	te of Business 1 ANDREWS AVENUE RDALE, FL 33315	Mailing Address 2014 SOUTH ANDREWS FORT LAUDERDALE, FL				1 PRITI PHIH OTIH EDHA PP	IIII EPRI IEROLIKIEK IDDIE NIEN A	1][0	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05112006	Chg-LLC	CR2E083 (11/05)	•		
City & State		City & State		4. FEI Numb	FEI Number Applied For Not Applied be				
Zip	Country Zip		Count	ry	5. Certificate	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		
				Name	me				
	PHER D. NILES, PA OMMERCIAL BLVD.		Street Address		ess (P.O. Box Numb	s (P.O. Box Number is Not Acceptable)			
	JDERDALE, FL 33308								
	÷		City				FL Zip Coo	te	
	named entity submits this statement for ions of registered agent. Signature, yped or printed name of registered agent.			d office or reg		th, in the State of Fl	orida. I am familiar with	, and accept	
					QC 60 W. C. I Exister Q)		UAIE		
Fil Due b	ling Fee is \$50.00 by September 6, 2006				quado menterativos		ke check payable to a Department of Stat	le	
Fil Due b	ling Fee is \$50.00 by September 6, 2006 MANAGING MEMBE		10.				ke check payable to a Department of Sta	le	
9. >	September 6, 2006 MANAGING MEMBE MGRM		10.			Florid	ke check payable to a Department of Sta	Addition	
9. TITLE NAME	MANAGING MEMBE MGRM KARNEY, ILENE B	RS/MANAGERS	10. TITLE NAME			Florid	ke check payable to a Department of Stat		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM KARNEY, ILENE B 2014 SOUTH ANDREWS AVENU	RS/MANAGERS Delete	10. TITLE NAME STREE	T ADDRESS		Florid	ke check payable to a Department of Stat		
9: TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM KARNEY, ILENE B 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315	RS/MANAGERS Delete JE	10. TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM KARNEY, ILENE B 2014 SOUTH ANDREWS AVENU	RS/MANAGERS Delete	10. TITLE NAME STREE	T ADDRESS ST-ZIP		Florid	ke check payable to a Department of Stat		
9. 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM KARNEY, ILENE B 2014 SOUTH ANDREWS AVENU FORT LAUDERDALE, FL 33315	RS/MANAGERS □ Oclete JE □ Delete	10. TITLE NAME STREE CITY: TITLE NAME	T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES	Addition	
9. 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR.	RS/MANAGERS □ Oclete JE □ Delete	10. TITLE NAME STREE CITY: TITLE NAME	T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES	Addition	
9. 52 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS □ Oclete JE □ Delete	10. TITLE NAME STREE CITY: TITLE NAME STREE CITY:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES	Addition	
9. 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY:: TITLE NAME STREE CITY::	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES	Addition	
9. 52 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY:: TITLE NAME STREE CITY::	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		Florid	ke check payable to la Department of State /CHANGES	Addition	
9. 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		Florid	ke check payable to la Department of State /CHANGES	Addition	
9. 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete Delete Delete Delete	10. TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY:	T ADDRESS SI-ZIP T ADDRESS SI-ZIP T ADDRESS SI-ZIP		Florid	ke check payable to la Department of State /CHANGES Change Change	Addition Addition	
9. 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete Delete Delete Delete	10. TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		Florid	ke check payable to la Department of State /CHANGES Change Change	Addition Addition	
9. 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Oelete Delete Delete Oelete Oelete Oelete	10. TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME CITY:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		Florid	ke check payable to la Department of State /CHANGES Change Change	Addition Addition Addition	
9. 52 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete Delete Delete Delete	10. TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES Change Change	Addition Addition	
9. 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Oelete Delete Delete Oelete Oelete Oelete	10. TITLE NAME STREE CITY:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES Change Change	Addition Addition Addition	
9. 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ITTLE NAME	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Oelete Delete Delete Oelete Oelete Oelete	10. TITLE NAME STREE CITY:	T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES Change Change	Addition Addition Addition	
9. 52 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Oelete Delete Delete Oelete Oelete Oelete	10. TITLE NAME STREE CITY:	T ADDRESS ST-ZIP		Florid	ke check payable to la Department of State /CHANGES Change Change	Addition Addition Addition	
9. 52 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete Delete Delete Delete Delete Delete	10. TITLE NAME STREE CITY:	T ADDRESS ST-ZIP		Florid	ke check payable to a Department of State /CHANGES Change Change Change	Addition Addition Addition Addition	
9. 52 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM KARNEY, ILENE B . 2014 SOUTH ANDREWS AVENI FORT LAUDERDALE, FL 33315 MGRM KARNEY, DONALD R SR. 2014 SOUTH ANDREWS AVENI	RS/MANAGERS Delete Delete Delete Delete Delete Delete Delete Delete	10. TITLE NAME STREE CITY:	T ADDRESS ST-ZIP		Florid	ke check payable to a Department of State /CHANGES Change Change Change	Addition Addition Addition Addition	

The energy certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 hability company or the receiver or trustee empowered to execute this report as fective dby Chapter 608, Florida Statutes

SIGNATURE: ILENE B KARNEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED PEPRESENTATIVE

ency 56/22/06

454-523-6423