

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

06-26-2006 90272 012 *****50.00

DOCUMENT # L05000078826 1. Entity Name 2014 SOUTH ANDREWS AVENUE, LLC						
Principal Place of Business 2014 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33315			Mailing Address 2014 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33315			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent CHRISTOPHER D. NILES, PA 3012 E. COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</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	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARNEY, ILENE B			NAME		
STREET ADDRESS	2014 SOUTH ANDREWS AVENUE			STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARNEY, DONALD R SR.			NAME		
STREET ADDRESS	2014 SOUTH ANDREWS AVENUE			STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: ILENE B KARNEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				06/22/06 <small>Date</small>		954-523-6423 <small>Daytime Phone #</small>