## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## Apr 17, 2006 8:00 am Secretary of State DOCUMENT # L05000098664 04-17-2006 90050 045 \*\*\*\*50.00 1. Entity Name 1301 16TH, LLC Principal Place of Business CANNTEGA Mailing Address 347 NORTH NEW RIVER DRIVE 347 NORTH NEW RIVER DRIVE 206 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-3632345 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMAN, STEPHEN V 1500 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33304 Zip Code 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 Signature, typed or printed name of registered agent and little it applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES **MGRM** TITLE TITLE ☐ Detete ☐ Change Addition WHARTON, ADAM D NAME STREET ADDRESS 347 NORTH NEW RIVER DRIVE, SUITE 206 STREET ADORESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE П Спапое Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change \_\_\_ Addition NAME STREET ADORESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition

11. 1 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

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NAME

☐ Delete

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STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE: DIAM WHANTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

TITLE

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NAME

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