

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90133 029 \*\*\*\*50.00

<b>DOCUMENT # L05000109778</b> 1. Entity Name <b>HUDSON AVENUE, LLC</b>					
Principal Place of Business <b>1023 BOCA COVE LANE HIGHLAND BEACH FL 33487-4242</b>			Mailing Address <b>1023 BOCA COVE LANE HIGHLAND BEACH FL 33487-4242</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>41-2159654</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET STE 400 WEST PALM BEACH FL 33401</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE				DATE <b>FEB. 27-06</b>	
(NOTE: Registered Agent signature required when reappointing)				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE <input type="checkbox"/> Delete NAME <b>MGRM SEYHAN AKDASLI</b> STREET ADDRESS <b>1023 BOCA COVE LANE</b> CITY- ST- ZIP <b>HIGHLAND BEACH FL 33487</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME <b>MGRM ALBANY FERNANDES</b> STREET ADDRESS <b>1115 BEACH BLVD UNIT 44</b> CITY- ST- ZIP <b>HIGHLAND BEACH, FL 33487</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:				SIGNATURE <b>SEYHAN AKDASLI</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE <b>FEB. 27-06</b>	
Daytime Phone #				<b>561 699 2001</b>	