



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

04-10-2006 90048 002 ****55.00

DOCUMENT # L05000109839					
1. Entity Name 1145 EUCALID AVENUE, LLC					
Principal Place of Business 750 OCEAN DRIVE MIAMI BEACH, FL 33139-6220			Mailing Address 750 OCEAN DRIVE MIAMI BEACH, FL 33139-6220		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	County	Zip	County	4. FEI Number 20-3951111	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUHLRAD, DAVID 750 OCEAN DRIVE MIAMI BEACH, FL 33139-6220				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 4, 2006.				Make check payable to Florida Department of State.	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
	Muhlrad, David	750 Ocean Dr.	M.B. Fl 33139		MGRM
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 submitted 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: 			Date: 3/24/06		Office Phone #: 305-532-1202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30012140



03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3951111 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 4, 2006. Make check payable to Florida Department of State.

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SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE