

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-21-2006 90178 026 ****55.00

DOCUMENT # L05000109876 1. Entity Name WYNWOOD 95, LLC					
Principal Place of Business C/O CHARLES J. GOLDMAN 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139			Mailing Address C/O CHARLES J. GOLDMAN 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139		
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 LEVINSON, EDWARD E ESQ. 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139				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 _____ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, CHARLES J 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____				3/13/06 (305) 531-441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	



30002763

01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3765732** Applied For Not Applicable

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



21-3765732
ATTACHMENT

30002763

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

WYNWOOD 95, LLC
C/O CHARLES J. GOLDMAN
804 OCEAN DRIVE, 2ND FLOOR
MIAMI BEACH, FL 33139

Subject: **WYNWOOD 95, LLC**

Reference Number: **L05000109876**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION

For more information, please call (850) 245-6051 or visit our website at www.flsos.org. If you have any questions, please call the Division of Corporations at (850) 245-6051.