


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90229 045 \*\*\*143.75

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
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**DO NOT WRITE IN THIS SPACE**



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3765732	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E ESQ.  
 407 LINCOLN ROAD, PH-SE  
 MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, CHARLES J 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLDMAN, ANTHONY R 804 OCEAN DR 2ND FL MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_