


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000122039</b> 1. Entity Name 6941 LIVINGSTON WOODS LANE, L.L.C.	
--	---

Principal Place of Business 2800 WILLIAMS ISLAND APT. 2901 AVENTURA, FL 33160	Mailing Address 2800 WILLIAMS ISLAND APT. 2901 AVENTURA, FL 33160
--	--

**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4109068	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MISHAAN, SUSAN  
2800 WILLIAMS ISLAND  
APT. 2901  
AVENTURA, FL 33160

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISHAAN, SUSAN 2800 WILLIAMS ISLAND APT 2901 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000600996  
01/26/07-80033-003 50.00

**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: Susan Mishaan Jan 16, 07 3056072229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #