


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000081828

1. Entity Name
 6400 ASSOCIATES, LLC



Principal Place of Business
 2424 NORTH FEDERAL HIGHWAY, SUITE 159
 BOCA RATON, FL 33431

Mailing Address
 2424 NORTH FEDERAL HIGHWAY, SUITE 159
 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5468934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WERBER, RICHARD
 2424 NORTH FEDERAL HIGHWAY, SUITE 159
 BOCA RATON, FL 33431

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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

1100000891739
 04/23/08-80037-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSINESS PLAZA AT CORPORATE PARK 2424 NORTH FEDERAL HWY SUITE 159 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WERBER, RICHARD 2424 NORTH FEDERAL HWY SUITE 159 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINHARDT, ED 2424 NORTH FEDERAL HWY SUITE 159 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Richard Werber 4/9/08 561-395-7588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #