2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
06 JAN 17 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003281

1. Entity Name
SECOND AVENUE BUILDING, L.L.C.

Principal Place of Business	Mailing Address
115 N.W. 2ND AVENUE FT. LAUDERDALE, FL 33311	115 N.W. 2ND AVENUE FT. LAUDERDALE, FL 33311

05052006 Chg-LLC CR2E083 (11/0)

2. Principal Place of Business	3. Mailing Address
2455 E Sunrise Blvd	2455 E Sunrise Blvd
Suite, Apt. #, etc. Suite Mezzanine	Suite, Apt. #, etc. Suite Mezzanine
City & State Ft lauderdale FL	City & State Ft lauderdale FL
Zip 33304 Country USA	Zip 33304 Country USA

4. FEI Number
65-0886897
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARDIN, DAVID 500 E. BROWARD BLVD SUITE 1950 FT. LAUDERDALE, FL 33394	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BARON, GARY 614 POINCIANA DRIVE FT. LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 602 Poinciana Drive Ft Lauderdale, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BILLINGTON, TAYLOR 350 POINCIANA DRIVE FT. LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 602 Poinciana Dr Ft lauderdale, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 01/23/06 600886 061-158375
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 5/5/06 954-15-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #