

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000642

1. Entity Name

O.C. 26TH STREET, LLC



Principal Place of Business

733-B NE 16TH AVE.
FORT LAUDERDALE, FL 33304

Mailing Address

733-B NE 16TH AVE.
FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE



03262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

52-2262881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADKINS, WILLIAM
733-B NE 16TH AVE.
FORT LAUDERDALE, FL 33304

**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

William J. Adkins

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ADKINS, WILLIAM
STREET ADDRESS	733-B NE 16TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGR
NAME	PLACE, CHRISTOPHER
STREET ADDRESS	733-B NE 16TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000490199
04/18/06-80048-002 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:

William J. Adkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #