2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# M07000006633

Entity Name: 1906 COLLINS, LLC

Current Principal Place of Business:

1906 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1906 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-1298426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLENN, COOPER M ESQ.
150 S. PINE ISLAND ROAD
SUITE 540
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CAUCINO, CHRISTOPHE	
Address:	1906 COLLINS AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGR	(X) Delete
Name:	SUISSA, NICOLE	
Address:	35 NE 92ND STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	MGR	(X) Delete
Name:	SUISSA, ALAIN	
Address:	35 NE 92ND STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHE CAUCINO MGRM 04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date