

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045576

Entity Name: REGUS HOLDINGS, L.L.C.

FILED  
Apr 11, 2006  
Secretary of State

**Current Principal Place of Business:**

13899 BISCAYNE BLVD.  
SUITE 205  
MIAMI, FL 33181

**New Principal Place of Business:**

3550 SW 148 AVENUE  
SUITE 100  
HOLLYWOOD, FL 33027 US

**Current Mailing Address:**

13899 BISCAYNE BLVD.  
SUITE 205  
MIAMI, FL 33181

**New Mailing Address:**

3550 SW 148 AVENUE  
SUITE 100  
HOLLYWOOD, FL 33027

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORTUONDO, FERNANDO J ESQ.  
2121 PONCE DE LEON BLVD.  
SUITE 600  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

FAGAN, NEIL  
3350 SW 148 STREET  
SUITE 100  
HOLLYWOOD, FL 33027 US

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: NEIL FAGAN

04/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FAGAN, NEIL  
Address: 13899 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FAGAN, NEIL  
Address: 3550 SW 148 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL FAGAN

MGR

04/11/2006

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