

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055809

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

**Entity Name:** 50 STATE LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

409 NORTH WEST 48TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

POST OFFICE BOX 841201  
PEMBROKE PINES, FL 33084

**Current Mailing Address:**

POST OFFICE BOX 841201  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

FEI Number: 20-2959396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BURROWS, GEORGE E  
409 NORTH WEST 48TH STREET  
MIAMI, FL 33127      US

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

D.A.D.E. REAL ESTATE TRUST  
POST OFFICE BOX 841201  
PEMBROKE PINES, FL 33084      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: DL      04/07/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: D.A.D.E. REAL ESTATE, TRUST  
Address: 409 NORTH WEST 48TH STREET  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: D.A.D.E. REAL ESTATE, TRUST  
Address: POST OFFICE BOX 841201  
City-St-Zip: PEMBROKE PINES, FL 33084

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: DL      MGR      04/07/2006  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date