



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90293 014 ****50.00

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|---|---------------------------------|--|--|--|--|
| DOCUMENT # L05000066593 | | | |  | |
| 1. Entity Name 1123 CITATION WAY, LLC | | | | | |
| Principal Place of Business 3860 N. POWERLINE ROAD SUITE 200 POMPANO BEACH, FL 33073 | | | Mailing Address 3860 N. POWERLINE ROAD SUITE 200 POMPANO BEACH, FL 33073 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 20-3141513 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAHN, JEFFREY B ESQ 3300 UNIVERSITY DRIVE SUITE 711 CORAL SPRINGS, FL 33065 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | State 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| | | | MGRM PROVEST REAL ESTATE HOLDINGS, LLC 3860 NORTH POWERLINE ROAD, SUITE 200 POMPANO BEACH, FL 33073 | | |
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| 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: <i>J. SAMUELS</i> | | | Date <i>03-10-06</i> Daytime Phone # <i>954-914-1998</i> | | |