

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90174 001 \*\*\*150.00

<b>DOCUMENT # L05000069011</b> 1. Entity Name <b>18 NONANTUM, LLC</b>			
Principal Place of Business <b>8211 WEST BROWARD BOULEVARD, SUITE 230 PLANTATION, FL 33324</b>		Mailing Address <b>8211 WEST BROWARD BOULEVARD, SUITE 230 PLANTATION, FL 33324</b>	
2. Principal Place of Business <b>8211 W. Broward Blvd. PH2 Plantation, FL 33324</b>		3. Mailing Address <b>8211 W. Broward Blvd. PH2 Plantation, FL 33324</b>	
4. FEI Number <b>20-3987320</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DANIELS, NICHOLAS M THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name _____ Street Address <b>8211 W. Broward Blvd.</b> <b>PH2</b> City <b>Plantation, FL 33324</b>	
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 reappointing)			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
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 <b>V.P. PETER C. GARDNER 8211 W. BROWARD BLVD PH2 PLANTATION FL 33324</b>
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Peter C. Gardner</i>		Date <b>4-20-06</b> <b>954 7279335</b>	

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