

**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

**DOCUMENT # L05000069011**

1. Entity Name  
**18 NONANTUM, LLC**



Principal Place of Business  
**8211 WEST BROWARD BOULEVARD, SUITE 230  
 PLANTATION, FL 33324**

Mailing Address  
**8211 WEST BROWARD BOULEVARD, SUITE 230  
 PLANTATION, FL 33324**

**30009815**



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>
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03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3987320** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DANIELS, NICHOLAS M  
 THERREL BAISDEN, P.A.  
 ONE S.E. 3RD AVENUE, SUITE 2400  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address **8211 W. Broward Blvd.**  
**PH2**  
 City **Plantation, FL 33324**

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 releasing) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Delete		TITLE _____ NAME <b>PETER C. GARDNER</b> STREET ADDRESS <b>8211 W. BROWARD BLVD PH2</b> CITY-ST-ZIP <b>PLANTATION FL 33324</b> <input type="checkbox"/> Change <input checked="" 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	
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.

SIGNATURE: Peter C. Gardner Date: 6-20-06 Office Phone: 954 7279335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE