2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 31, 2006 8:00 am Secretary of State 08-17-2006 90044 014 ****50.00

Marrier Marr	DOCUMENT # L05000097578 1. Entity Name 2500 NW 2ND LLC							08-17-2006	5 90044 014 *		
Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. A. FEI Number S. Centraction of Status Desired \$5.00 Acadismost Five Regulated Agent F. Regulated F. Regulated Agent F. Regu	215 NORTH F Suite 1	EDERA HIG	HWAY	215 NORTH FEDERA HIGHWAY Suite 1							
Sulle, Apt. #, elsc. Sulle, Apt. #, elsc. O6052006 Chg. LLC CR2E083 (11/05) City & State City & State City & State City & State A. FEI Number Acceptable To Name and Address of Current Registered Agent T. Name and Address of Name Registered Agent Sevent Address (P.O. Box Number is Not Acceptable) Make check payable to Plot (P.O. Box Number is Not Acceptable) Make check payable to Plot (P.O. Box Number is Not Acceptable) Make check payable to Plot (P.O. Box Number is Not Acceptable) Make check payable to Plot (P.O. Box Number is Not Acceptable) Make check payable to Plot (P.O. Box Number is Not Acceptable) Make check payable to Plot (P.O. Box Number is Not Acceptable) Make check payable to Plot (P.O. Box Number is Not Acceptable) Make Check payable to Plot (P.O. Box Number is Not Acceptable) Make Check payable to Plot (P.O. Box Number is Not Acceptable) Make Check payable to Plot (P.O. Box Number is Not Acceptable) Make Check payable to Plot (P.O. Box Number is Not Acceptable) Make Check payable to Plot (P.O. Box Number is Not Acceptable)	•			3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. \$5.00 Applications Fee Regulated Agent T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name				Suite, Apt. W. etc.			06052006	Chg-LLC	CR2E083 (11/	05)	
BLOCH, STUART E ESQ. BLOCH, MINERLEY & FEIN BOON, FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432 City City City 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. Tam familiar with, and accept the originations of registered agent. SIGNATURE FILING Fee Is \$50.00 Due by September 6, 2006 Make check payable 10 Florida Department of State FILING Fee Is \$50.00 Make check payable 10 Florida Department of State FILING Fee Is \$50.00 Florida Department of State FILING Fee Is \$50.00 Due by September 6, 2006 Make Check payable 10 Florida Department of State FILING Fee Is \$50.00 Florida Department of State FILING Fee Is \$50.00 Change Addition Make Check payable 10 Florida Department of State FILING Fee Is \$50.00 Florida Department of State Flor	City & State	City & State		City & State							
BLOCH, STUART E ESO. BLOCH, MINERLEY & FEIN BOON FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Fortize. I am familiar with, and accept the obligations of registered agent. SIGNATURE FHING Foe is \$50.00 PINTE FROM STORM AND STORM	Zip	Country		Zip Country		try	5. Certificate of Status Desired \$5.00 Additional Fee Required				
BLOCH, MIRRIEY & FEIN 980 N, FEDERAL HIGHWAY, SUITE 412 80 CA RATON, FL 33432 City City City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tam familian with, and accept the objective of registered agent. 9. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tam familian with, and accept the objective of registered agent. 9. Thing Foe is \$50.00 10. Thing Foe is \$50.		6. Name	and Address of Current R				7. Name and Address of New Registered Agent				
City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordisa. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Sign	BLOCH, M	INERLEY	' & FEIN			P.O. Box Number is Noi Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature											
THE MARK STREET ADDRESS CITY-S1-2P Delete Delete THE DE						City			FL Zip	Code	
Filling Foe is \$50.00 Due by September 6, 2006 9. MANAGING MEMBERS / MANAGERS TITE NAME BATMASIN, JAMES H STRET MORESS CITY-51-79 Delete TITE NAME STRET MORESS CITY-51-79 Delete TITE NAME STRET MORESS CITY-51-79 Delete TITE NAME STRET MORESS CITY-51-79 Change Addition TITE NAME STRET MORESS CITY-51-79 TITE NAME STRET MORESS CITY-51-79 TITE NAME STRET MORESS CITY-51-79 Delete TITE NAME STRET MORESS CITY-51-79 Delete TITE NAME STRET MORESS CITY-51-79 Change Addition TITE TITE TITE TITE TITE TITE TITE TIT											
Filling Fee is \$50.00 Due by September 6, 2006 9. MANAGING MEMBERS / MANAGERS TITE NAME BATMASIAN, JAMES H BATMASIAN, JAMES H STRET MORESS CITY-51-72P TITE NAME STRET MORESS CITY-51-72P Change STRET MORESS CITY-51-72P Change STRET MORESS CITY-51-72P Change STRET MORESS CITY-51-72P Change STRET MORESS CITY-51-	SIGNATURE										
TITLE MAKE MAKE STREET ADDRESS CITY-S1-2P TITLE MAKE MAKE STREET ADDRESS CITY-S1-2P TITLE MAKE MAKE STREET ADDRESS CITY-S1-2P TITLE MAKE STREET	Fill Due b	ina Foe i	s \$50.00	(NOTE: Registered Agent lignature iscuseed v			d when reinstating)		check payable		
NAME SIRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAM	9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/			
CITY-S1-ZP BOCA RATON, FL 33432 CITY-S1-ZP Delete ITILE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET			IAN, JAMES H	☐ Delete	•				☐ Chai	nge Addition	
NAME SITRET ADDRESS CITY-ST-ZP Debte NAME Debte NAME Change Addition		1				1					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE			Delete		1		•	☐ Char	nge 🔲 Addition	
THE NAME STREET ADDRESS CITY-S1-ZP TITLE MAME STREET ADDRESS CITY-S1-ZP CITY-S1-ZP TITLE MAME STREET ADDRESS CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP TITLE MAME STREET ADDRESS CITY-S1-ZP CITY-S1-						-					
NAME STREET ADDRESS CITY-S1-ZP ITTLE NAME STREET ADDRESS CITY-S1-ZP	<u> </u>							·			
CITY-S1-ZP ITITE NAME STREET ADDRESS CITY-S1-ZIP ITITE				[_] Defete	4	l l			∐ Cha	ige 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 fimiled liability company or the receive or virustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 fimiled liability company or the receive or virustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE		-	☐ Delete		· .			☐ Char	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 acquigite 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 fimited liability company or the receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	STREET ADDRESS	:			STRE	EET AOORESS .		·			
STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 acquagts 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 fimiled liability company or the receive or rustee empowered to execute this report as required by Chapter 608, Florida Statutes.				☐ Delete					☐ Chai	ige Addition	
NAME STREET ADDRESS CITY-ST-2IP 11. I hereby certify that the information supplied with this fitting 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 acquate 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 fimited fiability company or the receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	STREET ADDRESS				STRE	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP 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 receive or rustee empowered to execute this report as required by Chapter 608, Florida Statutes.				Delete		l l			Char	nge Addition	
indicated on this report is true and acquiret and that my signature shall have the same legal effect as it made under oath; that tam a managing member or manager of the fimited liability company or the receive or manager of the same legal effect as it made under oath; that tam a managing member or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receive or manager of the fimited liability company or the receiver or manager of the fimited liability company or the received liability company or the receiv	STREET ADDRESS				STRE	ET ADDRESS					
SIGNATURE 561-392-89.10	indicated	i on this repo	ort is true and acdurate and t	that my signature shall have	the same	e legal effect as it.	made under oath	n; that fam a managi	rther certify that the ing member or man	information tager of the	
SIGNATURE AND TYPED OR RICLEY NAME OF STORMS MARKETING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date . Daying Proce 9	SIGNAT	ruRE∷	XI.					2006/86/70			