

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113775

Entity Name: 84 BUSINESS CENTER LLC

FILED  
Feb 14, 2006  
Secretary of State

**Current Principal Place of Business:**

2101 SOUTH ANDREWS AVENUE, SUITE 103  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

2101 SOUTH ANDREWS AVENUE, SUITE 103  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 55-0914029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELDEIRY & ELDEIRY, P.A.  
888 SOUTH ANDREWS AVENUE  
SUITE 205  
FT. LAUDERDALE, FL 33316 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MATSON, EDWARD A  
Address: 2101 SOUTH ANDREWS AVENUE, SUITE 103  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR ( ) Delete  
Name: MASSA FAMILY INVESTM, ENTS CO., LLC  
Address: 2101 SOUTH ANDREWS AVENUE, SUITE 103  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDWARD A. MATSON

MGR

02/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date