

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90046 018 \*\*\*\*50.00

DOCUMENT # L99000007043  
 1. Entity Name  
 AIRPORT TRADE CENTER, LLC



Principal Place of Business: 210 71ST STREET, #309, MIAMI, FL 33141  
 Mailing Address: 210 71ST STREET, #309, MIAMI, FL 33141

20040333



2. Principal Place of Business: Airport Trade Center, 3390 N.W. 72nd Avenue, Miami, FL 33122  
 3. Mailing Address: Airport Trade Center, 3390 N.W. 72nd Avenue, Miami, FL 33122

04062005 Chg-LLC CR2E083 (10/03)

Zip: Miami, FL 33122 City: Miami, FL 33122

4. FEI Number: 65-0957120 Applied For: Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
 PIOTROWSKI, JOEL S  
 317 71ST STREET  
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent  
 Name: N/A  
 Street Address (P.O. Box Number is Not Acceptable):  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: YEHEZKEL, HAIM STREET ADDRESS: 210 71ST STREET, #309 CITY-ST-ZIP: MIAMI, FL 33141	<input type="checkbox"/> Delete
TITLE: MGR NAME: COHEN, JOSEPH STREET ADDRESS: 210 71ST STREET, #309 CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MANAGING MEMBER/MGR. NAME: FRIEDMAN, SAMUEL STREET ADDRESS: 3390 N.W. 72nd Ave. CITY-ST-ZIP: MIAMI, FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Samuel Friedman* SAMUEL FRIEDMAN, MGR. MGR. 6/05 305-639-9950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #