


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000007043**

1. Entity Name  
**AIRPORT TRADE CENTER, LLC**



Principal Place of Business  
**210-71ST STREET STE 309  
 MIAMI BEACH, FL 33141**

Mailing Address  
**210-71ST STREET STE 309  
 MIAMI BEACH, FL 33141**

**DO NOT WRITE IN THIS SPACE**



02182008No Chg-LLC CR2E083 (12/07)

4. FEI Number  
**65-0957120**

Applied For  
 Not Applicable

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**

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000838958  
 03/05/08-80051-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, SAMUEL 3390 NW 72ND AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEHEZKEL, HAIM 210 71ST STREET #309 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, JOSEPH 210 71ST STREET #309 MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Samuel Friedman* **Samuel Friedman** 2/17/08 305-638-9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #