**File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP -8 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING FEE $ 188.75** | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT #** M97000000303

AIRPORT SATELLITE PARKING MIAMI, L.L.C.
176-192 MCCLELLAN STREET
NEWARK NJ 07114

1a. Principal Place of Business Address

~~176-192 MCCLELLAN STREET~~
~~NEWARK NJ 07114~~

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation |
|---|---|---|---|
| 2751 NW 39th Avenue | | 05/29/1997 | DE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number: 65-075 1808 APPLIED FOR | ☐ Applied For ☐ Not Applicable |
| City & State: MIAMI FL | City & State | 5. Date of Last Report | 6. Certificate of Status Desired: $8.75 Additional Fee Required ☐ |
| Zip: 33142 Country: DADE | Zip / Country | | |

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

600002637826--9
-09/11/98--01097--014
****588.75 ****588.75

Suite, Apt. #, etc.

City: FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| MGRM | WEST, RICHARD | 176-192 MCCLELLAN STREET | NEWARK NJ |
| MGRM | Berman, Douglas | 176-192 MCCLELLAN STREET | NEWARK NJ |

dcc

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** _____ 9.3.98 973 297-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #