

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90205 006 \*\*\*\*50.00

**DOCUMENT # M03000003081**

1. Entity Name  
17777 OLD CUTLER ROAD, LLC



Principal Place of Business C/O SILVER, GARVETT & HENKEL, PA 1110 BRICKELL AVENUE, PENTHOUSE 1 MIAMI, FL 33131	Mailing Address C/O SILVER, GARVETT & HENKEL, PA 1110 BRICKELL AVENUE, PENTHOUSE 1 MIAMI, FL 33131
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40010000



2. Principal Place of Business 18001 Old Cutler Road	3. Mailing Address same
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc.

03062006 Chg-LLC CR2E083 (11/05)

City & State Miami, Florida	City & State	4. FEI Number 54-2125475	Applied For Not Applicable
Zip 33157	Country USA	Zip 33157	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SILVER, SCOTT C/O SILVER, GARVETT & HENKEL, PA 1110 BRICKELL AVENUE, PENTHOUSE 1 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road Suite 600 City Miami FL Zip Code 33157
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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: 03/07/06  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMETTO BAY VILLAGE CENTER, LLC 1110 BRICKELL AVENUE, PENTHOUSE 1 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18001 Old Cutler Road Suite 600 Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVER, SCOTT A 1110 BRICKELL AVENUE, PENTHOUSE 1 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18001 Old Cutler Road - Suite 600 Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: (Scott A. Silver, MGRM) 03/07/06 305/377-8802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #