## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Mar 23, 2006 8:00 am Secretary of State \_\_\_\_**L0500066587** 03-23-2006 90263 019 \*\*\*\*50.00 918 CITATION WAY, LLC Principal Place of Business Mailing Address enn19885 3860 N. POWERLINE ROAD 3860 N. POWERLINE ROAD SUITE 200 SUITE 200 POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 City & State City & State 4. FEI Number Applied For 20-3141539 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, JEFFREY B ESQ. Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE SUITE 711 CORAL SPRINGS, FL 33065 City 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 Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Change Addition MGRM NAME NAME PROVEST REAL ESTATE HOLDINGS, LLC STREET ADDRESS STREET ADDRESS 3860 NORTH POWERLINE ROAD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33073 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP hereby certify that the information or indicated on this report is true and ground limited liability company or the repoliver of the repoliter of the repo which this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that any signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ror trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED