

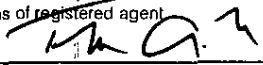



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90062 030 ****50.00

DOCUMENT # L00000013376					
1. Entity Name MATECUMBE AIRPORT TOWERS, L.L.C.					
Principal Place of Business 8211 W BROWARD BLVD STE 120 PLANTATION, FL 33324			Mailing Address 8211 W BROWARD BLVD STE 120 PLANTATION, FL 33324		
2. Principal Place of Business 7270 NW 12th Street Suite, Apt. #, etc. Suite 711 City & State Miami FL Zip 33126 Country USA		3. Mailing Address 7270 NW 12th Street Suite, Apt. #, etc. Suite 711 City & State Miami FL Zip 33126 Country USA			
4. FEI Number 65-1051328				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				08042004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SANTOLLA, STEVEN 8211 W BROWARD BLVD #120 FORT LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent Name Thomas Lihan Street Address (P.O. Box Number is Not Acceptable) 2808 NE 24th Court City Fort Lauderdale FL Zip Code 33305		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITTLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIHAN, THOMAS 8211 W BROWARD BLVD #120 PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2808 NE 24th Court Fort Lauderdale, FL 33305	
TITTLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANTOLLA, STEVEN 8211 W BROWARD BLVD #120 PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2800 NE 26th Court Fort Lauderdale, FL 33306-1907	
TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITTLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITTLE 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # _____	