2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 08, 2007 08:00 AM **DOCUMENT # L03000001017 Secretary of State** WATERSIDE COMMERCE PARK, LLC Principal Place of Business Mailing Address 17355 NE 9 AVE 17355 NE 9 AVE MIAMI, FL 33162 MIAMI, FL 33162 CR2E083 (11/05) 01042007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3780632 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GENET, SANDOR F ESQ. 99 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162 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. (NOTE: Registered Agent aignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 000000578301 01/09/07-80025-002 50.00 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS RTLE NAME GENET, SANDOR F STREET ANDRESS 99 N.E. 167TH STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33162 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath; 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 PYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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