

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014056

FILED
Apr 03, 2006
Secretary of State

Entity Name: NORTH ANDREWS PROPERTY LLC

Current Principal Place of Business:

2850 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

2850 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 01-0791892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRALL, MATTHEW E
2850 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRALL, MATTHEW E
Address: 2850 N. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGRM () Delete
Name: ZADEN, RICHARD J
Address: 2850 N. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGRM () Delete
Name: HUSKEY, DAVID J
Address: 2850 N. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW E. MORRALL

MGR

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date