

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90228 028 \*\*\*\*50.00

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L03000017404</b><br>1. Entity Name<br><b>AMERITREND COMMERCE CENTER, L.L.C.</b>  |   |  |   |
| Principal Place of Business<br>126 43RD AVENUE S.W.<br>VERO BEACH, FL 32968  |   | Mailing Address<br>126 43RD AVENUE S.W.<br>VERO BEACH, FL 32968  |   |
| 2. Principal Place of Business<br>1910 82nd Ave<br>Suite, Apt. #, etc. Ste 202   |   | 3. Mailing Address<br>1910 82nd Ave<br>Suite, Apt. #, etc. Ste 202   |   |
| City & State<br>Vero Beach FL  |   | City & State<br>Vero Beach FL  |   |
| Zip 32966 Country Indian River   |   | Zip 32966 Country Indian River   |   |
| 4. FEI Number<br><b>90-0082570</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   | 02012006 Chg-LLC CR2E083 (11/05)   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>HATCH, IRA C JR.</b><br><b>1701 HIGHWAY A1A, SUITE 220</b><br><b>VERO BEACH, FL 32963</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>P.A.D.A. PARTNERSHIP, LTD.<br>126 43RD AVENUE S.W.<br>VERO BEACH, FL 32968 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1910 82nd Ave, Ste 202<br>Vero Beach, FL 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRG<br>ADAMS, JAMES<br>126 43RD AVENUE S.W.<br>VERO BEACH, FL 32968 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1910 82nd Ave, Ste 202<br>Vero Beach, FL 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Mgr Southern Investments<br>1910 82nd Ave, Ste 202<br>Vero Beach, FL 32966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |
| <b>SIGNATURE:</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  |   |  |   |