

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90135 001 ***330.00

DOCUMENT # L03000019548

1. Entity Name
FORT FAMILY 2 - AQUILA, L.L.C.



Principal Place of Business
**550 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

Mailing Address
**550 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

30004948



02272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
550 Brickell Ave.
Suite, Apt. #, etc.
Suite 1100
City & State
Miami, FL
Zip
33131 Country
USA

3. Mailing Address
550 Brickell Ave.
Suite, Apt. #, etc.
Suite 1100
City & State
Miami, FL
Zip
33131 Country
USA

4. FEI Number
22-3692480 Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, GARY S
4000 HOLLYWOOD BLVD., SUITE 265 SOUTH
HOLLYWOOD, FL 33021**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FORT, BERNARDO
550 BRICKELL AVENUE #200
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SPEAR, LAURINDA
550 BRICKELL AVENUE #200
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-22-06

Date

Daytime Phone #