
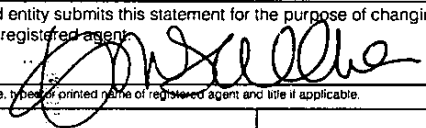
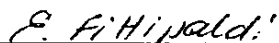


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90019 028 \*\*\*\*50.00

|  |  |         |  |  |  |
|--|--|---------|--|--|--|
| <b>DOCUMENT # L03000041088</b><br>1. Entity Name<br>FITTIPALDI EXECUTIVE CENTER I, LLC   |  |         |  |         |  |
| Principal Place of Business<br>123 SE 3RD AVENUE<br>SUITE # 352<br>MIAMI, FL 33131   |  |         | Mailing Address<br>123 SE 3RD AVENUE<br>SUITE # 352<br>MIAMI, FL 33131   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |  |         | City & State   |  |  |
| Zip  |  | Country |  | Zip  |  |
| Country  |  | Country |  | 04042006 Chg-LLC CR2E083 (11/05)   |  |
| 4. FEI Number<br>20-0339644  |  |         |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |         |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>MORRISON, BROWN, ARGIZ & FARRA<br>1001 BRICKELL BAY DR, 9TH FLOOR<br>MIAMI, FL 33131  |  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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  DATE 4/24/06<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |         |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |         | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |         | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>FITTIPALDI, EMERSON<br>735 CRANDON BLVD. LAKE VILLA II, 503<br>KEY BISCAVINE, FL 33149 <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                        |  |
| 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>  <span style="float: right;">4/24/06 305-373-5700</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |         |  |  |  |