

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000041088

1. Entity Name

FITTIPALDI EXECUTIVE CENTER I, LLC



FILED

07 MAY 10 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

123 SE 3RD AVENUE
SUITE # 352
MIAMI, FL 33131

Mailing Address

123 SE 3RD AVENUE
SUITE # 352
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0339644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, BROWN, ARGIZ & FARRA
1001 BRICKELL BAY DR, 9TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
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.

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FITTIPALDI, EMERSON
STREET ADDRESS	735 CRANDON BLVD. LAKE VILLA II, 503
CITY- ST- ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/22/07--01035--005 **900.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/23/07

Date

Daytime Phone #