


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90295 015 \*\*\*\*50.00

<b>DOCUMENT # L04000004848</b>	
1. Entity Name <b>BILLBOARD REALTY, L.L.C.</b>	

Principal Place of Business <b>6301 WEST BROWARD BLVD. PLANTATION FL 33317</b>	Mailing Address <b>6301 WEST BROWARD BLVD. PLANTATION FL 33317</b>
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st-MOORE — CR2E083 (4/0/05)

4. FEI Number <b>51-0571503</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>FEINBERG, JEFFREY ESQ FEINBERG &amp; MAIDENBAUM 4000 HOLLYWOOD BLVD, STE 350-N HOLLYWOOD FL 33021</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 re-appointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAD, ARIF 6301 W BROWARD BLVD PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAD, AINZA 6301 W BROWARD BLVD PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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: LA Shad **MARCH 6, 2006** **954-689-8262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT  
30004526  
#L04000004848

April 4, 2006

To: Florida Department of State  
Division of Corporations

From: Arif Shad

Subject: Billboard Realty, L.L.C.

Reference Number: L04000004848

Please find attached for your records, a copy of the Federal Employer Identification number, which was provided by the Internal Revenue Service. That FEI number has also been placed on the annual/ uniform business report as requested.

Thank you.

ATTACHMENT

001

Internal  
Revenue  
Service**Employer Identification  
Number (EIN) Cover Sheet**

Date

March 31, 2006

No. of pages (including  
this one)

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960

Phone: 1-800-829-4933

To

ARIF SHAD

From

Tax Examiner  
Ms NoelTeam  
207

FAX

954-689-8262

Phone

**ATTENTION**

Name of Entity

BILLBOARD REALTY L L C

EIN

51-0571503

Name of Entity

EIN

Name of Entity

EIN

Please see the following letter regarding missing or incorrect information on your  
Form SS-4, Application for a Federal Employer Identification Number (EIN).

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given. Thank you.