

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000039115

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** TRUST 1 MCNAB PROPERTIES, LLC

**Current Principal Place of Business:**

2380 COLLEGE AVENUE  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 292037  
DAVIE, FL 33329

**New Mailing Address:**

**FEI Number:** 20-1266987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

H. COLLINS FORMAN, JR., P.A.  
1323 SE THIRD AVE.  
FT. LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FORMAN, H. COLLINS JR  
Address: 888 SE THIRD AVE., SUITE 501  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR  
Name: FORMAN, M. AUSTIN  
Address: 888 SE THIRD AVE., SUITE 501  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR  
Name: FORMAN, WALTER  
Address: 888 SE 3RD AVE, STE 501  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: M. AUSTIN FORMAN

MGR

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date