

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000039118

1. Entity Name
MCNAB COMMERCIAL CENTER NO. 1, LLC



Principal Place of Business
888 SE THIRD AVE., SUITE 501
FT. LAUDERDALE, FL 33316

Mailing Address
888 SE THIRD AVE., SUITE 501
FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



07152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1266573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TRUST 1 MCNAB PROPERTIES LLC
STREET ADDRESS 888 SE THIRD AVE., SUITE 501
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE MGR
NAME HAMILTON MCNAB PROPERTIES, LLC
STREET ADDRESS 1524 CORAL RIDGE DRIVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE MGR
NAME FORMAN, M. AUSTIN
STREET ADDRESS 888 SE 3RD AVE, STE 501
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000955776
07/22/08-80005-010 538.75

**DO NOT WRITE
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: *Carol Templin*

CAROL TEMPLIN

7/18/08

954-474-1978

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

Date

Daytime Phone #