

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039118

FILED
Feb 26, 2009
Secretary of State

Entity Name: MCNAB COMMERCIAL CENTER NO. 1, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1266573

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 AVENUE
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 () Delete
Name: TRUST 1 MCNAB PROPER, TIES LLC
Address: 888 SE THIRD AVE., SUITE 501
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR () Delete
Name: HAMILTON MCNAB PROPE, RTIES, LLC
Address: 1524 CORAL RIDGE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGR () Delete
Name: FORMAN, M. AUSTIN
Address: 888 SE 3RD AVE, STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

02/26/2009

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