

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047594

1. Entity Name  
MATTARA PARKING, LLC



**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90421 025 \*\*\*\*50.00

Principal Place of Business  
805 EAST HILLSBORO BOULEVARD  
SUITE 206  
DEERFIELD BEACH, FL 33441 US

Mailing Address  
805 EAST HILLSBORO BOULEVARD  
SUITE 206  
DEERFIELD BEACH, FL 33441 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 8564

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach FL

Zip

Country

Zip

33443

Country

USA

02202006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

80-0112770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DROSKY, TODD C  
805 EAST HILLSBORO BOULEVARD  
SUITE 206  
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
HENNIGAR, CURTIS A  
805 EAST HILLSBORO BOULEVARD, SUITE 206  
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-24-06