

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90014 041 \*\*\*\*50.00

**20033865**



04182006 Chg-LLC CR2E083 (11/05)

|  |                                       |                     |   |  |  |
|--|---------------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # L04000061355</b>   |                                       |                     |   |         |  |
| 1. Entity Name<br>1443 NE 5TH COURT, LLC   |                                       |                     |   |  |  |
| Principal Place of Business<br>701 W. CYPRESS CREEK ROAD<br>SUITE #302<br>FT. LAUDERDALE, FL 33309 US  |                                       |                     | Mailing Address<br>701 W. CYPRESS CREEK ROAD<br>SUITE #302<br>FT. LAUDERDALE, FL 33309 US |  |  |
| 2. Principal Place of Business   |                                       | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                                       | Suite, Apt. #, etc. |   |  |  |
| City & State   |                                       | City & State        |   | 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |
| Zip  |                                       | Country             |   | Applied For<br>Not Applicable  |  |
| Zip  |                                       | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                       |                     | 7. Name and Address of New Registered Agent   |  |  |
| TOCCI, PETER<br>701 W. CYPRESS CREEK ROAD<br>SUITE #302<br>FT. LAUDERDALE, FL 33309  |                                       |                     | Name  |  |  |
|  |                                       |                     | Street Address (P.O. Box Number is Not Acceptable)  |  |  |
|  |                                       |                     | City  |  |  |
|  |                                       |                     | State <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 reinstating) DATE _____  |                                       |                     |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                                       |                     | Make check payable to<br>Florida Department of State                                      |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                       |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE  | MGRM <input type="checkbox"/> Delete  | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |  |
| NAME   | TOCCI, PETER                          | NAME                |   |  |  |
| STREET ADDRESS   | 701 W. CYPRESS CREEK ROAD, SUITE #302 | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  | FT. LAUDERDALE, FL 33309              | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete       | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |  |
| NAME   |                                       | NAME                |   |  |  |
| STREET ADDRESS   |                                       | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                       | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete       | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |  |
| NAME   |                                       | NAME                |   |  |  |
| STREET ADDRESS   |                                       | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                       | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete       | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |  |
| NAME   |                                       | NAME                |   |  |  |
| STREET ADDRESS   |                                       | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                       | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete       | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |  |
| NAME   |                                       | NAME                |   |  |  |
| STREET ADDRESS   |                                       | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                       | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete       | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |  |
| NAME   |                                       | NAME                |   |  |  |
| STREET ADDRESS   |                                       | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                       | CITY-ST-ZIP         |   |  |  |
| 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: <i>[Signature]</i>  |                                       |                     | Date: 4/18/06 Daytime Phone #: 954-551-6649   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                       |                     |   |  |  |