

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2006 90431 013 ****50.00

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02082006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000068269 1. Entity Name AIRPORT COMMERCIAL CENTER, L.L.C.																													
Principal Place of Business 900 S.E. 3RD AVE. SUITE 200 FT. LAUDERDALE, FL 33316			Mailing Address 1815 CORDOVA ROAD 210 FORT LAUDERDALE, FL 33316 US																										
2. Principal Place of Business 1815 Cordova Road Suite, Apt. #, etc. 210			3. Mailing Address Suite, Apt. #, etc. 																										
City & State Fort Lauderdale, FL			City & State 																										
Zip 33316		Country USA		Zip 																									
Country 		Zip 		Country 																									
6. Name and Address of Current Registered Agent LOOS, JOHN T 1815 CORDOVA ROAD #210 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOOS, JOHN T JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1815 CORDOVA ROAD #210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33316</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	LOOS, JOHN T JR		STREET ADDRESS	1815 CORDOVA ROAD #210		CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 20%;"> DATE: 2/17/06 </div> <div style="width: 30%;"> DAYTIME PHONE #: 954-522-2400 </div> </div>																													