


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-15-2006 90240 033 ****50.00

| | |
|----------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000073870 |  |
| 1. Entity Name 200 MCNAB, LLC | |

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 300 EAST OCEAN AVE. LANTANA, FL 33462 | Mailing Address 300 EAST OCEAN AVE. LANTANA, FL 33462 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

30011164



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03162006 Chg-LLC CR2E083 (11/05)

| | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number APPLIED FOR 75-3217179 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|-------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | |
| LAVENDER, JOEL R ESQ 507 S.E. 11TH COURT FT. LAUDERDALE, FL 33316 | |

| | |
|----------------------------------------------------|----------|
| 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 _____ (NOTE: Registered Agent signature required when re-appointing) 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 CORDERO, WAYNE 300 EAST OCEAN AVE. LANTANA, FL 33462 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: W. Cordero 04/25/06 561-596-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #