## 2006 LIMITED LIABILITY COMPANY

## **FILED**

ANNUAL REPORT	Apr 17, 2006 08:00
DOCUMENT # L04000076441  1. Entity Name QUAIL ROOST COMMERCE CENTER, LLC	Secretary of State
Principal Place of Business 7311 NW 12TH STREET, SUITE 30 7311 NW 12TH STREET, SUITE MIAMI, FL 33126 MIAMI, FL 33126 MIAMI, FL 33126	30
DO NOT WRITE IN THIS SPA	01252006No Chg-LLC
6. Name and Address of Current Registered Agent  ROSE, ELLEN ONE SOUTHEAST THIRD AVENUE, SUITE 2400 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.  SIGNATURE  Signature, typed or printed named registered agent and title applicable. (NOTE Registere  Filling Fee is \$50.00  Due by May 1, 2006	ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept agent of Florida. I am familiar with, and accept a signature required when reinstating)  U00000515422  U4/23/05-80135-025-50
9. MANAGING MEMBERS/MANAGERS  IIILE MGRM WIENER, HAIM STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33121  ITILE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u> .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT WRITE IN THIS SPACE

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 path; that I am a managing member or manager of the limited liability company of the legelyar or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY - ST - ZIP

> NO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TIPED OF FINTED NAME OF SIGN

Date

Daytime Phone #