


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

1/1

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90012 040 \*\*\*\*50.00

|  |   |                |   |   |         |
|--|---|----------------|---|---|---------|
| <b>DOCUMENT # L04000090966</b>   |   |                |   |  |         |
| 1. Entity Name<br>505 CORPORATE PARK, LLC  |   |                |   |   |         |
| Principal Place of Business<br>505 N.W. 65TH COURT, SUITE 102<br>FT. LAUDERDALE, FL 33309  |   |                | Mailing Address<br>505 N.W. 65TH COURT, SUITE 102<br>FT. LAUDERDALE, FL 33309   |   |         |
| 2. Principal Place of Business   |   |                | 3. Mailing Address  |   |         |
| Suite, Apt. #, etc.  |   |                | Suite, Apt. #, etc.   |   |         |
| City & State   |   |                | City & State  |   |         |
| Zip  |   | Country        | Zip   |   | Country |
| 4. FEI Number<br>APPLIED FOR 20-2040557  |   |                |   | Applied For<br>Not Applicable   |         |
| 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   |   |         |
| FILINGS, INC.<br>3732 N.W. 18TH STREET<br>FT. LAUDERDALE, FL 33311-4132  |   |                | Name <u>Frank M. Russo</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>505 NW 65m Court, Suite 102</u><br>City <u>Ft. Lauderdale</u> FL Zip Code <u>33309</u> |   |         |
| 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 <u>Frank M. Russo</u>  |   |                |   | DATE <u>1/4/06</u>  |         |
| Filing Fee is \$50.00 Due by May 1, 2006   |   |                |   | Make check payable to Florida Department of State                                 |         |
| 9. MANAGING MEMBERS / MANAGERS   |   |                | 10. ADDITIONS / CHANGES   |   |         |
| TITLE NAME   | MGRM RUSSO, FRANK M <input type="checkbox"/> Delete | TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| STREET ADDRESS   | 505 N.W. 65TH COURT, SUITE 102                      | STREET ADDRESS |   |   |         |
| CITY-ST-ZIP  | FT. LAUDERDALE, FL 33309                            | CITY-ST-ZIP    |   |   |         |
| TITLE NAME   | <input type="checkbox"/> Delete                     | TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| STREET ADDRESS   |   | STREET ADDRESS |   |   |         |
| CITY-ST-ZIP  |   | CITY-ST-ZIP    |   |   |         |
| TITLE NAME   | <input type="checkbox"/> Delete                     | TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| STREET ADDRESS   |   | STREET ADDRESS |   |   |         |
| CITY-ST-ZIP  |   | CITY-ST-ZIP    |   |   |         |
| TITLE NAME   | <input type="checkbox"/> Delete                     | TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| STREET ADDRESS   |   | STREET ADDRESS |   |   |         |
| CITY-ST-ZIP  |   | CITY-ST-ZIP    |   |   |         |
| TITLE NAME   | <input type="checkbox"/> Delete                     | TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| 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 606, Florida Statutes. |   |                |   |   |         |
| SIGNATURE: <u>Frank M. Russo</u>   |   |                |   | DATE <u>1/4/06</u> 954-714-7933 x237  |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                |   | Date Daytime Phone #  |         |

30000226



01032006 Chg-LLC CR2E083 (11/05)

7-012 5-12-06



ATTACHMENT  
30000226  
#L04000090966

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2006

505 CORPORATE PARK, LLC  
505 N.W. 65TH COURT, SUITE 102  
FT. LAUDERDALE, FL 33309

Subject: 505 CORPORATE PARK, LLC

Ok. Sorry.  
I put # on ;)

Reference Number: L04000090966

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION