

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014934

Entity Name: METRIX PROPERTIES, LLC

FILED  
Jan 24, 2007  
Secretary of State

**Current Principal Place of Business:**

6115 LYONS RD.  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6115 LYONS RD.  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 20-2676587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LESTER, PAUL A  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

KHATAMI, NILOUFAR  
6115 LYONS ROAD  
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: NILOUFAR KHATAMI

01/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: N/A ( ) Delete  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, FL N/A

Title: N/A ( ) Delete  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, FL N/A

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KHATAMI, ALI  
Address: 6115 LYONS ROAD  
City-St-Zip: COCUNT CREEK, FL 33073

Title: MGRM (X) Change ( ) Addition  
Name: KHATAMI, NILOUFAR  
Address: 6115 LYONS ROAD  
City-St-Zip: COCUNT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NILOUFAR KHATAMI

MGRM

01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date