

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022569

FILED
Apr 11, 2006
Secretary of State

Entity Name: OUT OF REACH PROPERTIES, LLC

Current Principal Place of Business:

1212 SE 2ND COURT, SUITE 301
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

1314 E. LAS OLAS BLVD.
1085
FORT LAUDERDALE, FL 33301

Current Mailing Address:

1212 SE 2ND COURT, SUITE 301
FORT LAUDERDALE, FL 33301

New Mailing Address:

1314 E. LAS OLAS BLVD.
1085
FORT LAUDERDALE, FL 33301

FEI Number: 20-2544950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIDLER, OLIVER
1212 SE 2ND COURT, SUITE 301
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEIDLER, OLIVER
Address: 1212 SE 2ND COURT, SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: HABALI, JASON
Address: 815 MIDDLE RIVER DRIVE, SUITE 102
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HABALI, JASON
Address: 830 N. VICTORIA PARK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33304

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: JASON HABALI

MGRM

04/11/2006

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