2006 LIMITED LIABILITY COMPANY ANNUAL REPOR™

Secretary of State DOCUMENT #L05000047222 01-11-2006 90012 022 ****50.00 1. Entity Name ACAR REAL ESTATE, LLC Principal Place of Business Mailing Address 1200 BRICKELL AVE., SUITE 700 1200 BRICKELL AVE., SUITE 700 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2881134 Not Applicable Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANNER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE., SUITE 700 MIAMI, FL 33131 City 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, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE XX Change Addition ACAR, ABDULLAH 1200 BRICHELL AVE, STE 700 CAAR, ABDULLAH NAME STREET ADDRESS 1200 BRICKELL AVE., SUITE 700 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NUME STREET ADDRESS STREET ADDRESSS C(1Y-S1-2)P CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition HALF MAUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 🗀 Спалое ☐ Addition NAME MME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-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, Rorlda 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or masses empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 305-503-4200 Inna RINTED G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 06, 2006 8:00 am



ATTACHMENT 73

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2006

ACAR ENTERPRISES, LLC 1200 BRICKELL AVE., SUITE 700 MIAMI, FL 33131

Subject: ACAR ENTERPRISES, LLC

Reference Number:

L05000047220

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

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/al ANNUAL REPORTS SECTION