

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055809

FILED
May 03, 2007
Secretary of State

Entity Name: 50 STATE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

POST OFFICE BOX 841201
PEMBROKE PINES, FL 33084

New Principal Place of Business:

1061 W OAKLAND PARK BLVD
2ND FLOOR
WILTON MANORS, FL 33311

Current Mailing Address:

POST OFFICE BOX 841201
PEMBROKE PINES, FL 33084

New Mailing Address:

P.O. BOX 841201
PEMBROKE PINES, FL 33084

FEI Number: 20-2959396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

D.A.D.E. REAL ESTATE TRUST
POST OFFICE BOX 841201
PEMBROKE PINES, FL 33084 US

Name and Address of New Registered Agent:

D.A.D.E. REAL ESTATE TRUST
1061 W OAKLAND PARK BLVD
2ND FLOOR
WILTON MANORS, FL 33311 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: DLB

05/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: D.A.D.E. REAL ESTATE, TRUST
Address: POST OFFICE BOX 841201
City-St-Zip: PEMBROKE PINES, FL 33084

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: D.A.D.E. REAL ESTATE, TRUST
Address: 1061 W OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify 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: DLB

MGR

05/03/2007

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