

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-20-2006 90048 034 ****50.00

DOCUMENT # L05000065565 1. Entity Name OCCABOT PROPERTIES, L.L.C.					
Principal Place of Business 2900 S.W. 28TH TERRACE, 5TH FLOOR MIAMI, FL 33133			Mailing Address 2900 S.W. 28TH TERRACE, 5TH FLOOR MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 01062006 Chg-LLC CR2E083 (11/05) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-3106254 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CHRISTIN, NICHOLAS E 2900 S.W. 28TH TERRACE, 5TH FLOOR MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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 STREET ADDRESS CITY- ST- ZIP	MGR OCCABOT PROPERTIES, INC. 2900 S.W. 28TH TERRACE, 5TH FLOOR MIAMI, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/26/06 Daytime Phone # 305-4423235		

ATTACHMENT

LAW OFFICES

**WICKER, SMITH, O'HARA
McCOY, GRAHAM & FORD, P.A.**

GROVE PLAZA BUILDING, 5TH FLOOR
2900 MIDDLE STREET (S.W. 28TH TERRACE)

MIAMI, FLORIDA 33133

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WEST PALM BEACH

(561) 689-3800

ORLANDO

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TAMPA

(813) 222-3939

NAPLES

(941) 430-1120

JACKSONVILLE

(904) 355-0225

February 15, 2006

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Occabot Properties, L.L.C.
Our File No.: 39081-2

Dear Sir or Madam:

In furtherance of your letter of January 27, 2006 (copy enclosed), I return herewith the 2006 Limited Liability Company Annual Report which now contains the Federal Employer Identification Number.

If you have any questions, please call me. Thank you for your attention to this matter.

Very truly yours,



Nicholas E. Christin

NEC/kfp
Enclosure



ATTACHMENT

30000669

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2006

OCCABOT PROPERTIES, L.L.C.
2900 S.W. 28TH TERRACE, 5TH FLOOR
MIAMI, FL 33133

Subject: OCCABOT PROPERTIES, L.L.C.

Reference Number: L05000065565

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):

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.

/JE

ANNUAL REPORTS SECTION