## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 22, 2006 8:00 am Secretary of State **DOCUMENT # L05000094613** 04-27-2006 90028 048 \*\*\*\*50.00 TEQUESTA COMMERCE CENTER, L.L.C. Principal Place of Business Mailing Address 30008788 801 MAPLEWOOD DRIVE, SUITE 17 801 MAPLEWOOD DRIVE, SUITE 17 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number ✓ Applied For Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIRVIN, D.R. ESQ. Street Address (P.O. Box Number is Not Acceptable) OCEANSIDE PROFESSIONAL CENTRE 1080 EAST INDIANTOWN ROAD, SUITE 105 JUPITER, FL 33477 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 SIGNATURE Spreams, typed or priced name of registered agent and life if approaches. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ■ Addition MORRIS, JOHN E TRUSTEE NUME NUME STREET ADDRESS **801 MAPLEWOOD DRIVE, SUITE 17** STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE D Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TIRE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Determine MILE DTLE Change Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-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, Florida Statutes. I further certify that the information indicated on this report is true and accourate and that my singlature 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 trustee empowership to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

**FILED**