

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90209 032 ****55.00

DOCUMENT # L05000094715

1. Entity Name
17227 NELSON ROAD, LLC



Principal Place of Business
1907 GRANT STREET
HOLLYWOOD, FL 33020

Mailing Address
1907 GRANT STREET
HOLLYWOOD, FL 33020

20046151



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-3543157

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SNOW, JEFFREY
STREET ADDRESS 1907 GRANT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SNOW, JEFFREY
STREET ADDRESS 1907 GRANT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SNOW, LEE S
STREET ADDRESS 1907 GRANT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/06

954-2140536