

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90119 005 \*\*\*\*50.00

<b>DOCUMENT # L05000101418</b> 1. Entity Name <b>COMMODORE CLUB CONDOMINIUM, LLC</b>					
Principal Place of Business <b>4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b>			Mailing Address <b>4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b>		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MEDRANO, CHARLES 4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM MEDRANO, CHARLES 4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b> <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	<b>MGRM MEDRANO, CARLOS 4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b> <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	<b>MGRM AYLOR, FORREST 4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b> <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	<b>MGRM AYLOR, GEORGE 4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b> <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	<b>MGRM BAST, RANDALL 4000 SW 30 AVENUE FT. LAUDERDALE, FL 33312</b> <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
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.					
<b>SIGNATURE</b>				Date <b>7/6/06</b> Daytime Phone # <b>954-583-9625</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT  
30012341

July 12, 2006

COMMODORE CLUB CONDOMINIUM, LLC  
4000 SW 30 AVENUE  
FT. LAUDERDALE, FL 33312

Subject: **COMMODORE CLUB CONDOMINIUM, LLC**

Reference Number: **L05000101418**

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.

/sj

ANNUAL REPORTS SECTION

*Opps! Sorry  
Please See  
Attached  
Thank You!*