


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000100115 1. Entity Name PORT CANAVERAL INTERNATIONAL COMMERCE CENTER L.L.C.	
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Principal Place of Business 405 ATLANTIS ROAD CAPE CANAVERAL, FL 32920	Mailing Address P.O. BOX 410944 MELBOURNE, FL 32941-0944
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DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 84-1724505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARAGOZLO, PATRICIA E
3903 POST RIDGE TRAIL
MELBOURNE, FL 32934

**DO NOT WRITE
IN THIS SPACE**

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 *Patricia Conley* DATE 1/8/08

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000779143
01/11/08-80018-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLOGNA, SALVATORE 405 ATLANTIS ROAD CAPE CANAVERAL, FL 32920
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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: *Salvatore Bologna* DATE 1/7/08

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