

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064945

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** MCNAB EXECUTIVE PLAZA, LLC

**Current Principal Place of Business:**

1000 WEST MCNAB ROAD  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WEST MCNAB ROAD  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

**FEI Number:** 59-2280007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELDRIDGE, LAWRENCE L  
1000 W. MCNAB ROAD  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ELDRIDGE, LAWRENCE L  
**Address:** 1000 W. MCNAB ROAD  
**City-St-Zip:** POMPANO BEACH, FL 33069 US

**Title:** OSMG  
**Name:** BERTKE, ARUTHUR E  
**Address:** 1000 W. MCNAB ROAD  
**City-St-Zip:** POMPANO BEACH, FL 33069 US

**Title:** MEMB  
**Name:** ELDRIDGE, CAROLYN P  
**Address:** 607 THIRD KEY DRIVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LAWRENCE L. ELDRIDGE

MGM

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date