2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90100 005 ****50.00

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01112005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
NORTH MIAMI BEACH COMMERCE CENTER L.C.

Principal Place of Business
15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162

Mailing Address
15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
65-0601022
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
KURZMAN, JOHN
15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOCKHAUSER, PAUL	NAME	
STREET ADDRESS	1 BAY BLVD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE, NY 11559	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KURZMAN, JOHN	NAME	
STREET ADDRESS	~~16496 NE 31 AVE~~	STREET ADDRESS	3370 NE 190 ST., Apt 3711
CITY-ST-ZIP	~~NORTH MIAMI BEACH, FL 33160~~	CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KURZMAN, RHODA	NAME	
STREET ADDRESS	~~16496 NE 31 AVE~~	STREET ADDRESS	3370 NE 190 ST., APT. 3711
CITY-ST-ZIP	~~NORTH MIAMI BEACH, FL 33160~~	CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LENARD, JADWIGA	NAME	
STREET ADDRESS	15499 WEST DIXIE HWY	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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 exemption stated in Section 119.07(3)(i), 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: Rhoda Kurzman RHODA KURZMAN 305-945-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #