

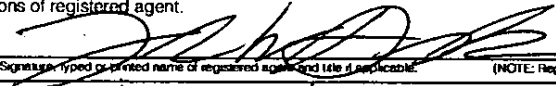



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90036 038 ****55.00

DOCUMENT # L99000005020 1. Entity Name SPACE STATION L.C.					
Principal Place of Business 3001 CORAL SHORES DRIVE FORT LAUDERDALE, FL 33306			Mailing Address 3001 CORAL SHORES DRIVE FORT LAUDERDALE, FL 33306		
2. Principal Place of Business 2510 E. Oakland Park Blvd Suite, Apt. #, etc.		3. Mailing Address 2510 E. Oakland Park Blvd Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 65-0950436	
Zip 33306		Country United States		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DVORAK, THOMAS A 3001 CORAL SHORES DRIVE FORT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name Dvorak, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 2510 E. Oakland Park Blvd City Fort Lauderdale FL Zip Code 33306		
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-electing)</small>				DATE 1/9/06	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DVORAK, THOMAS ALAN 3001 CORAL SHORES DRIVE FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dvorak, Thomas Alan 2510 E. Oakland Park Blvd. Fort Lauderdale, FL 33306
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DVORAK, THOMAS W 973 NW SPRUCE RIDGE DR UNIT 1 STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dvorak, Thomas W. 2510 E. Oakland Park Blvd. Fort Lauderdale, FL 33306
				<input checked="" 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	
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	
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.					
SIGNATURE:  Managing Member <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date 1/9/06 Daytime Phone # (954) 537-1337					