

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90291 001 \*\*\*\*20.00  
04-24-2006 90291 002 \*\*\*\*15.00  
04-24-2006 90291 003 \*\*\*\*15.00

**30005930**



02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number **65-1103705** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

WRIGHT, PETER W  
1850 SE 17TH ST  
SUITE 300  
FT. LAUDERDALE, FL 33316

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HUDSON, STEVEN W  
STREET ADDRESS 1850 SE 17TH ST, SUITE 300  
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE MGRM ☐ Delete  
NAME WRIGHT, PETER W  
STREET ADDRESS 1850 SE 17TH ST, SUITE 300  
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE MGRM ☐ Delete  
NAME HUDSON, HOLLY J  
STREET ADDRESS 1850 SE 17TH ST, SUITE 300  
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition  
NAME **Scott W. Bodenweber**  
STREET ADDRESS **1850 SE 17th Street, Ste. 300**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Peter W. Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/06 954-356-5800  
Date Daytime Phone #