

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90279 002 ****55.00

DOCUMENT # M00000002448

1. Entity Name
MAX PREMIER AIRPORT HOLDINGS, LLC



Principal Place of Business
**2875 N.E. 191ST STREET, PENTHOUSE 1
AVENTURA, FL 33180**

Mailing Address
**2875 N.E. 191ST STREET, PENTHOUSE 1
AVENTURA, FL 33180**

20007949



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01102005 Chg-LLC CR2E083 (10/03)

City & State
Zip Country

4. FEI Number
65-1098391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ.
88 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name **Theodore J. Klein**
Street Address (P.O. Box Number is Not Acceptable)
8030 Peters Road
Bldg D, Suite 104
City **Plantation** FL **33324**

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 Theodore J. Klein DATE 1/19/05

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

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM** ☐ Delete
STREET ADDRESS **AZOUT, JACK**
CITY-ST-ZIP **2875 N.E. 191ST STREET, PENTHOUSE 1
AVENTURA, FL 33180**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: Jack Azout DATE 2/2/05 DAYTIME PHONE # (305) 435-5175

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