2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000002448

1. Entity Name MAX PREMIER AIRPORT HOLDINGS, LLC



FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90040 039 ****55.00

Principal Place of Business

Mailing Address

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



01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
65-1098391		Not Applicable
E Cartificate of Status Desired	\$5.00 Additional	

5. Cermicate of Status

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ. 8030 PETERS ROAD BLDG D, SUITE 104 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

		stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	ions of registered agent.		
SIGNATURE_	Signature, typed or printed name of regesered agent and title if applicable. (NOTE: Reg	instanted Agonit argustrare required when rensisting) DATE	
	Signature, typed or present name or registered against and use a applicative.	maneu rigina migrature toque ou micri terrateragy	
Filling Fee is \$50.00 Due by May 1, 2006			
	de by may 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	AZOUT, JACK		
STREET ADDRESS	2875 N.E. 191ST STREET, PENTHOUSE 1		
CITY-ST-ZIP	AVENTURA, FL 33180		
RILE	MGRM C 1 Add	·	
NAME	Gilinski, Joy		
STREET ADORESS	2875 NE 1915+ 1 14-1		
CITY-ST-ZIP	Gilinski, Soul 7-100 2875 NE 1915t., PH-1 Aventura FC 33180		
TITLE	,		
NAME			
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		DO NOT WINTE	
TYTLE		IN THIS SPACE	
NAME		IN THIS STAGE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADORESS			
CITY-ST-ZIP			
TITLE			
NAME:			
STREET ADDRESS			
CITY-ST-ZIP			
11. Levelby 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			

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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: / V V V COLOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

2/27/00

(305) 935-5175