2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

04-09-2007 90353 044 ****50.00

DOCUMENT # L01000010522				
SAVION DEVELOPERS AT SE	ABREEZE, LLC			
		155		
Principal Place of Business	Mailinc 🖟 🗽	5. 1		
766 SE 5TH AVENUE DELRAY BEACH, FL 33483	766 4) FRH MENUE D ESTANDEN , FL 22 483	1000 mg		



DO NOT WRITE IN THIS SPACE

01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1117634 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDENICELD ICACK

766 SE 5TH AVENUE DELRAY BEACH, FL 33483		IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of changing its registered agent.	I am familiar with, and accept of Florida. I am familiar with, and accept	
SIGNATURE_		slered Agent signature required when reinstating) DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	MORONFIELD, ISACK		
STREET ADDRESS CITY-ST-ZIP	706 SE 5 AVE		
	DELRAY BEACH, FL 33483	_	
FITLE	MGR	.	
NAME STREET ADDRESS	ABBO, MAYOR S 706 SE 5 AVE		
CITY-ST-ZIP	DELRAY BEACH, FL 33483	i	
	MGRM	⊣	
TITLE NAME	ABBO, JORGOS		
STREET ADDRESS	706 SE 5 ST		
CITY-ST-ZIP	DELRAY BEACH, FL 33483	DO NOT WRITE	
TITLE	MGRM	IN THE COACE	
NAME	WEIS, JAMIE	IN THIS SPACE	
STREET ADDRESS	766 SE 5 AVE		
CITY-SI-ZIP	DELRAY BEACH, FL 33483		
TITLE		-1	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		i	
TITLE			

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.

NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #