

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90025 047 \*\*\*138.75

**DOCUMENT # L02000034203**

1. Entity Name  
**TOWERS OF DADELAND I, LLC**



Principal Place of Business  
**9155 SOUTH DADELAND BLVD., STE. 1812  
MIAMI, FL 33156**

Mailing Address  
**9155 SOUTH DADELAND BLVD., STE. 1812  
MIAMI, FL 33156**

**60037028**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**43-1991800**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, ELIZABETH A ESQ  
9155 SOUTH DADELAND BLVD., STE. 1812  
MIAMI, FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** ☒ Delete  
NAME **GREEN, HERSCHEL V**  
STREET ADDRESS **9155 SOUTH DADELAND BLVD., STE. 1812**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Change ☒ Addition  
NAME **Susan A. Grad**  
STREET ADDRESS **9155 S. Dadeland Blvd, Ste 1812**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE **D** ☐ Delete  
NAME **BROWN, GEORGE R JR**  
STREET ADDRESS **9155 SOUTH DADELAND BLVD., STE. 1812**  
CITY-ST-ZIP **MIAMI, FL 33156**

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

TITLE **D** ☐ Delete  
NAME **GREEN, ELIZABETH A**  
STREET ADDRESS **9155 SOUTH DADELAND BLVD., STE. 1812**  
CITY-ST-ZIP **MIAMI, FL 33156**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:**

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

Date

Daytime Phone #

**4/11/08**

**(305) 670-1000**