

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000037525



1. Entity Name
262-26 SHOMA HOMES, LLC

Principal Place of Business Mailing Address
149 LAS BRISAS CIRCLE **149 LAS BRISAS CIRCLE**
HYPOLUXO FL 33462 **HYPOLUXO FL 33462**



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FE# Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDBERG, ADAM D
149 LAS BRISAS CIRCLE
HYPOLUXO FL 33462

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 Adam Goldberg Adam Goldberg 02/04/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| MGRM SINGER, ADAM R 149 LAS BRISAS CIRCLE HYPOLUXO FL 33462 | <input type="checkbox"/> | | |
| MGRM ALANIZ, MELISSA 149 LAS BRISAS CIRCLE HYPOLUXO FL 33462 | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
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| | <input type="checkbox"/> | | |

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 02/11/04-80026-021 55.00

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: Melissa Alaniz Melissa Alaniz 2/04/04 (954)396-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #