FILED
May 28, 2008 8:00 am
Secretary of State

05-01-2008 90017 020 ****50.00
05-28-2008 90141 005 ****88.75

60043984

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088649

1. Entity Name
FONTAINBLEAU LAKES COURTYARDS WEST, LLC

Principal Place of Business
5835 BLUE LAGOON DRIVE 4TH FLOOR
MIAMI, FL 33126

Mailing Address
5835 BLUE LAGOON DRIVE 4TH FLOOR
MIAMI, FL 33126

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1258369 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHOJAEE, MASOUD
5835 BLUE LAGOON DRIVE 4TH FLOOR
MIAMI, FL 33126

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 _____
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHOJAEE, MASOUD	NAME	
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHOJAEE, MARIA	NAME	
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	VP ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTIN, TANIA	NAME	
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Masoud Shojaee 1/21/08 786-437-8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #