

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90129 033 ****50.00

DOCUMENT # L03000007281

1. Entity Name

SOUTH BAY DEVELOPERS IX, LLC



Principal Place of Business

104 CRANDON BLVD., STE. 308
KEY BISCAIYNE FL 33149

Mailing Address

104 CRANDON BLVD., STE. 308
KEY BISCAIYNE FL 33149

2. Principal Place of Business

Same

3. Mailing Address

50 W Mashta Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 2

City & State

Key Biscayne, FL

Zip

Country

Zip

33149

Country

4. FEI Number

81-0629987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

BURNETT, ROBERT
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

Cortes, Roberto G.

Street Address (P.O. Box Number is Not Acceptable)

50 W Mashta Drive Suite # 2

City

Key Biscayne FL

Zip Code

33149

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]

(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

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	

10. Managing Member ADDITIONS/CHANGES *MEM*

TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	

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:

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

3/24/04

(305) 365-7676

Date

Daytime Phone #