

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90036 037 ****50.00

DOCUMENT # L02000008675

1. Entity Name
LOUISBURG SQUARE, LLC



Principal Place of Business
721 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304

Mailing Address
721 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE



02132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0663837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 EAST COMMERCIAL BOULEVARD, SUITE 820
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DOERING, RALPH H III
STREET ADDRESS 721 N.E. 3RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE MGR
NAME DOERING, JOHN C
STREET ADDRESS 721 NE 3RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Ralph H. Doering III (Ralph H. Doering, III) 4/6/04 954-525-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #