

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90314 048 \*\*\*\*50.00

DOCUMENT # L05000071569

1. Entity Name  
FONTAINBLEAU LAKES, 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

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
02-0747144

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME SHOJAE, MASOUD  
STREET ADDRESS 5835 BLUE LAGOON DR 4TH FL  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP  
NAME SHOJAE, MARIA  
STREET ADDRESS 5835 BLUE LAGOON DR 4TH FL  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP  
NAME MARTIN, TANIA  
STREET ADDRESS 5835 BLUE LAGOON DR 4TH FL  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 Shojae

4/18/07

SIGNATURE AND TYPE/OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #