

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90070 003 ****50.00

DOCUMENT # L00000001081

1. Entity Name
910 LIMITED, L.L.C.



Principal Place of Business
2533 AQUA VISTA BLVD.
FORT LAUDERDALE, FL 33301

Mailing Address
P.O. BOX 30268
FORT LAUDERDALE, FL 33303

64067700

2. Principal Place of Business
2845 NE 9th ST
Suite, Apt. #, etc.
#TS1201

3. Mailing Address
1 Financial Plaza
Suite, Apt. #, etc.
#2001



03012004 Chg-LLC CR2E083 (10/03)

City & State
Fort Lauderdale, FL
Zip
33304
Country
USA

City & State
Fort Lauderdale, FL
Zip
33394
Country
USA

4. FEI Number
65-0980875
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, DAVID G ESQ
1401 E. BROWARD BLVD., #200
FT. LAUDERDALE, FL 33301

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM III T, LTD. 1 FINANCIAL PLAZA #201 FORT LAUDERDALE, FL 33394	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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

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

Date

Daytime Phone #