

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 006 ****50.00

DOCUMENT # L00000003588

1. Entity Name
COED-STIRLING ROAD, L.L.C.



Principal Place of Business
**180 SW 18TH AVENUE
DANIA BEACH, FL 33004**

Mailing Address
**4000 N. FEDERAL HIGHWAY, SUITE 206
BOCA RATON, FL 33431**

24077495



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1000 OMNI BLVD
Suite, Apt. #, etc.

06162004 Chg-LLC CR2E083 (10/03)

City & State

City & State
NEWPORT NEWS, VA

4. FEI Number
65-1007744

Applied For
Not Applicable

Zip Country

Zip Country
23806

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACLAREN, LINDA O
798 SOUTH FEDERAL HWY, STE 100
BOCA RATON, FL 33432**

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ECONOMOS, NICK**
STREET ADDRESS **9279 LEGARE STREET**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☒ Change ☐ Addition
NAME **MGRM**
NAME **ECONOMOS, NICHOLAS**
STREET ADDRESS **4000 N. FEDERAL HIGHWAY, SUITE 206**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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

1/28/04

Date

(757) 591 3519

Daytime Phone #