

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90257 023 \*\*\*\*50.00

**DOCUMENT # L00000004424**

1. Entity Name

**SOUTH BAY DEVELOPERS IV, L.C.**



Principal Place of Business

**50 W RASHTA DR  
STE 2  
KEY BISCAVNE FL 33149**

Mailing Address

**50 W RASHTA DR  
STE 2  
KEY BISCAVNE FL 33149**

2. Principal Place of Business

**SALE**

3. Mailing Address

**50 W Mashta Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite # 2**

City & State

City & State

**Key Biscayne FL**

Zip

Country

Zip

**33149**

Country

**USA**



MOORE

CR2E083 (11/03)

4. FEI Number

**65-0999702**

Applied For

Not Applicable

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

**CORTES, ROBERTO  
ALLEGIANCE PARTNERS, INC.  
50 W RASHITO DR #2  
KEY BISCAVNE FL 33149**

Name **Roberto G. Cortes**

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, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS / CHANGES

TITLE **P** ☐ Delete  
NAME **CORTES, ROBERTO**  
STREET ADDRESS **50 W RASHITO DR #2**  
CITY-ST-ZIP **KEY BISCAVNE FL 33149**

TITLE **P** ☒ Change ☐ Addition  
NAME **Cortes Roberto G.**  
STREET ADDRESS **50 W Mashta Drive Suite # 2**  
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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**

Date

**(305) 365-7676**

Daytime Phone #