

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90104 013 ****50.00

DOCUMENT # L00000004424

1. Entity Name
SOUTH BAY DEVELOPERS IV, L.C.



Principal Place of Business
**50 W RASHTA DR
STE 2
KEY BISCAYNE, FL 33149**

Mailing Address
**50 W MASHTA DRIVE
STE 2
KEY BISCAYNE, FL 33149 US**

DO NOT WRITE IN THIS SPACE



03212005No Chg-LLC

CR2E083 (10/03)

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

**CORTES, ROBERTO
50 W MASHTA DRIVE
SUITE #2
KEY BISCAYNE, FL 33149**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CORTES, ROBERTO
50 W MASHTA DRIVE SUITE #2
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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, OR AUTHORIZED REPRESENTATIVE

4-22-05

Date

(305) 365-7676

Daytime Phone #