

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90028 047 ****50.00

DOCUMENT # L00000009991

1. Entity Name
FOX CHASE ESTATES, L.L.C.



Principal Place of Business
6919 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL 33446

Mailing Address
6919 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL 33446

24000410



04242004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1056393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Greenberg + Stralitz, P.A.
GREENBERG, JEFFREY L ESQ.
4800 N. FEDERAL HIGHWAY, SUITE 304D
BOCA RATON, FL 33431

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLUM, STEVEN
STREET ADDRESS	6919 ROYAL ORCHID CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	GREENBERG, STEVE
STREET ADDRESS	22 MERRY HILL COURT
CITY-ST-ZIP	BALTIMORE, MD 61208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #