

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009991

Entity Name: FOXE CHASE ESTATES, L.L.C.

FILED  
Jan 07, 2005  
Secretary of State

**Current Principal Place of Business:**

6919 ROYAL ORCHID CIRCLE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

6919 ROYAL ORCHID CIRCLE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 65-1056393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENBERG, JEFFREY L ESQ.  
4800 N. FEDERAL HIGHWAY, SUITE 304D  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BLUM, STEVEN  
Address: 6919 ROYAL ORCHID CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: GREENBERG, STEVE  
Address: 22 MERRY HILL COURT  
City-St-Zip: BALTIMORE, MD 61208

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLUM, STEVEN  
Address: 6919 ROYAL ORCHID CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR (X) Change ( ) Addition  
Name: GREENBERG, STEVE  
Address: 22 MERRY HILL COURT  
City-St-Zip: BALTIMORE, MD 61208

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN BLUM

MGRM

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date