TH FD

2007 LIMITED LI ANNUA	ABILITY COMPA L REPORT	May 01, 2007 08:0			
DOCUMENT # L0100003474 I. Entity Name VES, DAIRY CROSSINGS, LLC			Secretary of Sta		
rincipel Place of Business Mailing Address 9501 BISCAYNE BOULEVARD, SUITE 400 19501 BISCAYNE BOULEVA VENTURA, FL 33180 AVENTURA, FL 33180		RD, SUITE 400	·		
t. Principal Place of Business - No P.O. Box #	3. Mailing Address				

IVES,DAI	RY CROSSINGS, LLC				"					
Principal Place of Business 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180		Mailing Address 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212007	Chg-LLC	CR2F08	33 (12/06)			
City & State		City & State		4. FEI Numbe	r		Applied For			
Žip	Country	Zip	Country		52-2298	3342 of Status Desired		\$5.00 Additional		
	S. Name and Address of Current I	Pegistered Agent	<u> </u>		<u> </u>			Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
HARTGLASS, LORI R 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180			Street Address	(P.O. Box Number is Not Acceptable)						
				City FL Zip Code					9	
9 The above	named entity submits this statement for	the oursee of changing its	racietara	nd office or registe	ered agent, or bot	n in the State of Ele		amiliar with	and accept	
	ions of registered agent.	the purpose of changing its	rogistoro	od onico or registe	sed agent, or bot	i, ii lo olalo oli ii	5110a. 1 aiii 16	minimize witer,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E: Registered	d Agent signature require	ed when reinstating)		DATE			
	iling Fee is \$50.00 ue by May 1, 2007						e check pa a Departme	- ,	• p ·	
9.	MANAGING MEMBE	RS/MANAGERS	10.	• 11		ADDITIONS	/CHANGES			
TITLE	MGRM	☐ Delete 1171						Change	Addition	
NAME STREET ADDRESS	SOFFER, JEFFREY		NAME	ET ADDRESS		U000000 -05/18/07-	1751060	007 550	n ee	
CITY-ST-ZIP	19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180			ST-ZIP		05/15/01~	ייםמטטסיי	JUT 331	U.UU	
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	SOFFER, JACQUELYN		NAME	ľ					İ	
STREET ADDRESS CITY-ST-ZIP	19501 BISCAYNE BOULEVARD, AVENTURA, FL 33180	SUITE 400		ET ADDRESS - ST-ZIP					İ	
TITLE	AVERTOTO, TE GOTGO	☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS			ı ı	ET ADDRESS -ST-ZIP						
CITY-ST-ZIP TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME		La Delete	NAME						_ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-S1-ZIP			-	ST-ZIP						
TITLE NAME		☐ Delete	TITLE					Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-\$1-ZIP			CITY-	-\$T-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					ł	
CITY-ST-ZIP				ST-ZIP						
11. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exer	nptions contained	in Chapter 119, I	Florida Statutes, I fu	urther certify	that the info	rmation	
indicated limited lia	on this report is true and accurate and bility company or the teceiver or trustee	that my signature shall have	the same	legal effect as if	made under oath; oter 608, Florida S	that I am a manag	ging member	or manage	r of the	

4-23-07 SIGNATURE: SIGNATURE and Typed or Printed name of Bigning Managing Member, Manager, or authorized representative Daytime Phone #