

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90194 031 \*\*\*\*55.00

**DOCUMENT # L01000003681**

1. Entity Name  
TRADERS OCEAN RESORT 1993, L.L.C.



Principal Place of Business  
RAMADA INN  
FT LAUDERDALE, FL 33308

Mailing Address  
4060 GALT OCEAN DR  
FT LAUDERDALE, FL 33308

24011570



01232004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1095717

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~HANNA, PETER N~~  
~~500 SE 12TH ST~~  
~~FT LAUDERDALE, FL 33316~~  
Please new mailing:  
1800 S. Ocean Blvd., #1406  
Pompano Beach, 33062  
Florida

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME FOUAD, KABRITA  
STREET ADDRESS 4060 GALT OCEAN DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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

Feb 5/2004

Date

(954)946-2997

Daytime Phone #