

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90003 042 ****50.00

DOCUMENT # L01000005007

1. Entity Name
VICTORIA PLACE, LLC



Principal Place of Business
**1000 E HILLSBORO BLVD., SUITE 100
DEERFIELD BEACH, FL 33441**

Mailing Address
**1000 E HILLSBORO BLVD., SUITE 100
DEERFIELD BEACH, FL 33441**

24067741



2. Principal Place of Business

3. Mailing Address

*** NOTE NEW ADDRESS***

**1500 W Cypress Creek Rd., Ste. 409
Ft. Lauderdale, FL 33309**

*** NOTE NEW ADDRESS***

**St 1500 W Cypress Creek Rd., Ste. 409
Ft. Lauderdale, FL 33309**

02232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1090583

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT
100 E HILLSBORO BLVD., SUITE 100
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name
*** NOTE NEW ADDRESS***
Street Address **1500 W Cypress Creek Rd., Ste. 409
Ft. Lauderdale, FL 33309**
City **FL** Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ZAM-VICTORIA PLACE, INC.**
STREET ADDRESS **1500 W. CYPRESS ROAD, STE. 407**
CITY-ST-ZIP **LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE *** NOTE NEW ADDRESS*** ☒ Change ☐ Addition
NAME **1500 W Cypress Creek Rd., Ste. 409**
STREET ADDRESS **Ft. Lauderdale, FL 33309**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #