

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90258 016 ****50.00

DOCUMENT # L01000006092

1. Entity Name

SOUTH BAY DEVELOPERS V, L.C.



Principal Place of Business

104 CRANDON BLVD., SUITE 306
KEY BISCAVNE FL 33149

Mailing Address

104 CRANDON BLVD., SUITE 306
KEY BISCAVNE FL 33149

24034130



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

50 W Mashta Drive

Suite, Apt. #, etc.

Suite # 2

City & State

City & State

Key Biscayne

Zip

Country

Zip

FL 33149

Country

USA

4. FEI Number

65-1102064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORTES, ROBERTO / ALESIANCE PARTNERS
104 CRANDON BLVD
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name

CORTES, Roberto

Street Address (P.O. Box Number is Not Acceptable)

50 W Mashta Drive Suite # 2

City

Key Biscayne

FL

Zip Code

33149

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. **MANAGING MEMBERS/MANAGERS**

TITLE **P** ☐ Delete
NAME **CORTES, ROBERTO**
STREET ADDRESS **104 CRANDON BLVD-308**
CITY-ST-ZIP **KEY BISCAVNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. **ADDITIONS/CHANGES**

TITLE ☒ Change ☐ Addition
NAME **CORTES, Roberto G.**
STREET ADDRESS **50 W Mashta Drive Suite # 2**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Change ☐ Addition
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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

3-24-04 (305) 365-7676

Date

Daytime Phone #