

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-02-2004 90143 030 ****50.00

DOCUMENT # L01000006896

1. Entity Name

AVENUE LOFTS DEVELOPMENT, LLC



Principal Place of Business

202 S.W. 2ND STREET, SUITE C
FORT LAUDERDALE FL 33301

Mailing Address

202 S.W. 2ND STREET, SUITE C
FORT LAUDERDALE FL 33301

24015171



MOORE CR2E083 (11/03)

2. Principal Place of Business

425 N Andrews Avenue

3. Mailing Address

425 N Andrews Avenue

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Fort Lauderdale FLORIDA

City & State

Fort Lauderdale FLORIDA

4. FEI Number

65-1110276

Applied For
Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOPER, ALAN
202 S.W. 2ND STREET, SUITE C
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Hooper, Alan

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

425 N Andrews Avenue

#1

City

FORT LAUDERDALE

FL

Zip Code

33301

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 MGR
NAME HOOPER, ALAN C
STREET ADDRESS 1200 S E 6 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE P
NAME HOOPER, CARMEN C
STREET ADDRESS 4900 N OCEAN BLVD #909
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 425 N Andrews Avenue #1
CITY-ST-ZIP Fort Lauderdale, Florida 33301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 425 N Andrews Avenue #1
CITY-ST-ZIP Fort Lauderdale, Florida 33301 ☒ Change ☐ Addition

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

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

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

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

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 #

Alan C. Hooper 2-6-04