

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90154 001 \*\*\*150.00

**DOCUMENT # L01000011723**

1. Entity Name  
**SIGNATURE FT. LAUDERDALE, LLC**



Principal Place of Business

10520 NW 26 ST  
SUITE C-201  
MIAMI, FL 33172 US

Mailing Address

10520 NW 26 ST  
SUITE C-201  
MIAMI, FL 33172 US

**30001354**

2. Principal Place of Business - No P.O. Box #

10520 NW 26 St.

Suite, Apt. #, etc.

C 201

3. Mailing Address

10520 NW 26 St.

Suite, Apt. #, etc.

C 201

City & State

Doral, FL

City & State

Doral, FL

Zip

Country

33172

Zip

Country

33172 U.S.A.

02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number

65-1122144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABANAS, JOSE E  
105-20 NW 26TH STREET- C-201  
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name Cabanas, Jose E.

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

10520 NW 26 St. - C 201

City Doral

FL

Zip Code

33172

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

02/19/07.

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CABANAS, JOSE E ☐ Delete  
STREET ADDRESS 10520 NW 26 STREET-C-201  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Cabanas, Jose E.  
STREET ADDRESS 10520 NW 26 St. - C 201  
CITY-ST-ZIP Doral, FL 33172

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Jose E. Cabanas

02/19/07 (305) 513 3639