

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90051 014 ****50.00

DOCUMENT # L01000016175

1. Entity Name
5070 N. FEDERAL HIGHWAY, L.L.C.



Principal Place of Business
5070 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33062

Mailing Address
2419 E. COMMERCIAL BLVD.
SUITE 100
FT. LAUDERDALE, FL 33308

34005954



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1139337

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

7. Name and Address of New Registered Agent

BLODIG, GREGORY J.
100 W. CYPRESS CREK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309

Name

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

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 renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
LAMBERT, DANIEL
STREET ADDRESS
2419 E. COMMERCIAL BLVD.
CITY-ST-ZIP
FT. LAUDERDALE, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2419 E. COMMERCIAL BLVD, STE 100 ☒ Change ☐ Addition

TITLE
NAME
D
HEYDEN, CHRISTINA
STREET ADDRESS
2419 E. COMMERCIAL BLVD.
CITY-ST-ZIP
FT. LAUDERDALE, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
2419 E. COMMERCIAL BLVD, STE 100 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

Christina Heyden Christina Heyden 4/20/04 951-630-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #