

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90350 008 \*\*\*\*55.00

**DOCUMENT # L01000018510**



1. Entity Name  
**SYMPHONY BUILDERS AT PALM COVE GOLF AND  
YACHT CLUB, LLC**

Principal Place of Business  
**1700 N. UNIVERSITY DRIVE  
302  
CORAL SPRINGS, FL 33071**

Mailing Address  
**1700 N. UNIVERSITY DRIVE  
302  
CORAL SPRINGS, FL 33071**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1150209**

Applied For  
Not Applicable

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

**ROTHENBERG, LARRY A  
900 NORTH FEDERAL HIGHWAY  
460  
BOCA RATON, FL 33432**

Name

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

**815 Coral Ridge Drive**

City

**Coral Springs**

**FL**

Zip Code

**33071**

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 **MGRM** ☐ Delete  
NAME **SYMPHONY BUILDERS AT PALM COVE AND YACHT C**  
STREET ADDRESS **1700 N. UNIVERSITY DRIVE SUITE 302**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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 #

**4-204 954-34-1499**