

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90196 001 *1,050.00

DOCUMENT # L01000019676

1. Entity Name

CENTURY VICTORIA GROVE, LLC



Principal Place of Business

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

Mailing Address

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

30003495



03132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1157105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIFORE, CORA
3300 UNIVERSITY
CORALSPRINGS, FL 33065

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IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME EISNER, NEIL
STREET ADDRESS 3300 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE MGRM
NAME FALCONE, ARTHUR
STREET ADDRESS 1951 NW 19TH STREET
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM
NAME FALCONE, EDWARD
STREET ADDRESS 1951 NW 19TH STREET
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM
NAME FALCONE, ROBERT
STREET ADDRESS 1951 NW 19TH STREET
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *William McKeon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03.12.07

Date

561-961-1249

Daytime Phone #