

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90023 006 \*\*\*\*50.00

DOCUMENT # L01000020773

1. Entity Name

ZUCKERMAN HOMES OF THE TREASURE COAST II, LLC



Principal Place of Business

3111 UNIVERSITY DRIVE SUITE 610  
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE SUITE 610  
CORAL SPRINGS FL 33065

2. Principal Place of Business

6131 Lyons Road  
SUITE 200

3. Mailing Address

← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

USA

Zip

Country

1st MOORE

CR2E083 (10/05)



4. FEI Number

90-0005324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HODKIN, PETER M  
ONE EAST BROWARD BLVD., SUITE 1501  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

4901 N.W. 17 WAY #504

FT. LAUDERDALE

FL

Zip Code  
33309

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME ZUCKERMAN, ANDREW  
STREET ADDRESS 3111 UNIVERSITY DR, SUITE 610  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 exemptions contained in Section 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 #

3-20-06