

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90257 003 ****50.00

DOCUMENT # L02000001757

1. Entity Name

SOUTH BAY DEVELOPERS VII, L.L.C.



Principal Place of Business

50 W RASHTA DR
STE 2
KEY BISCAYNE FL 33149

Mailing Address

50 W RASHTA DR
STE 2
KEY BISCAYNE FL 33149

24034148



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

50 W Rashta Drive

Suite, Apt. #, etc.

Suite # 2

City & State

City & State

Key Biscayne FL

Zip

Country

Zip

33149

Country

USA

4. FEI Number

36-4487605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTES, ROBERTO
ALLEGIANCE PROPERTIES
50 W RASHTA DR #2
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

Cortes - Roberto Co.

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

50 W Rashta Drive Suite # 2

Key Biscayne

FL

Zip Code

33149

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CORTES, ROBERTO
50 W RASHTA DR #2
KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Cortes, Roberto Co. ☒ Change ☐ Addition
50 W Rashta Drive Suite # 2
Key Biscayne FL 33149

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ERNESTO H. WERSSON ☐ Change ☒ Addition
50 W Rashta Drive Suite # 2
Key Biscayne FL 33149

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

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

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

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:

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

3/24/04

(305) 365-7676

Date

Daytime Phone #