

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-02-2004 90258 017 ****50.00

DOCUMENT # L02000003046

1. Entity Name

SOUTH BAY DEVELOPERS VIII, LLC



Principal Place of Business

**104 CRANDON BLVD., SUITE 308
KEY BISCAYNE FL 33149**

Mailing Address

**104 CRANDON BLVD., SUITE 308
KEY BISCAYNE FL 33149**

2. Principal Place of Business

SAUB

3. Mailing Address

50 W Mashta Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #2

City & State

City & State

Key Biscayne FL

Zip

Country

Zip

Country

33149

4. FEI Number

75-2998689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORTEZ, ROBERTO
104 CRANDON BLVD STE 308
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name *Cortez, Roberto G.*

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

*50 W. Mashta Drive
Suite #2*

City

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
104 CRANDON BLVD #308
KEY BISCAYNE FL 33149**

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*MGRM
Cortez, Roberto G.
50 W. Mashta Drive suite #2
Key Biscayne, FL 33149*

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 act for 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

Date

(305) 365-7676

Daytime Phone #