

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009352

1. Entity Name

3063 HIBISCUS, L.L.C.



Principal Place of Business

1492 S. MIAMI AVENUE
MIAMI FL 33130

Mailing Address

1492 S. MIAMI AVENUE
MIAMI FL 33130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/04)

4. FEI Number

38-3649772

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

TANNEN, JEFFREY S ESQUIRE
GOLDSTEIN, TANEN & TRENCH, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3250
MIAMI FL 33131

Name

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

City

FL

Zip Code

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GOESEKE, NICKEL
STREET ADDRESS 1492 S. MIAMI AVE
CITY- ST- ZIP MIAMI FL 33130

TITLE ☐ Change ☐ Addition
NAME 000000302748
STREET ADDRESS 04/13/05-80084-009 50.00
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME LAMADRID, ALBERTO
STREET ADDRESS 1492 S. MIAMI AVE
CITY- ST- ZIP MIAMI FL 33130

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

TITLE ☐ Delete
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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 #

4-10-05

(305) 358-4626