

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90086 001 ***550.00

DOCUMENT # L02000017803

1. Entity Name
FIRST FLORIDA HOLDING AND COMPANY IV, LLC



Principal Place of Business
**1600 15TH STREET PLAZA 15, NO 310
FORT LAUDERDALE, FL 33316**

Mailing Address
**1600 15TH STREET PLAZA 15, NO 310
FORT LAUDERDALE, FL 33316**

34000303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

APPLIED FOR

☒ Not Applicable

Zip

Country

Zip

Country

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

**PALMISANO, MICHAEL
1600 15TH STREET PLAZA 15, NO 310
FORT LAUDERDALE, FL 33316**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FIELDER PROPERTY, INC.
410 WYE EAST LANE
QUEENSTOWN, MD 21658** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Michael Palmisano
1600 15th Street, Plaza 15, No. 310
Ft. Lauderdale, Florida 33316** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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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: *Michael Palmisano*

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

2/9/04

Date

Daytime Phone #