

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90058 041 ****55.00

DOCUMENT # L02000023075

1. Entity Name
FORT LAUDERDALE HOMES LLC



Principal Place of Business
**812 NW 1ST
FT LAUDERDALE, FL 33311**

Mailing Address
**812 NW 1ST
FT LAUDERDALE, FL 33311**

20051560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
77-0611336

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

**DAMERAU
DAMERAN, DAVID
812 NW 1ST
FORT LAUDERDALE, FL 33311**

Name **DAMERAU (TYPO)**
Street Address (P.O. Box Number is Not Acceptable)
SAME.
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. **TO CORRECT TYPE ONLY**

SIGNATURE **DAVID F. DAMERAU** **DAVID DAMERAN, M.M. 4/28/05**
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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **22ND CENTURY PROP.**
STREET ADDRESS **812 NW 1ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE **MGR** ☒ Change ☐ Addition
NAME **22 CENTURY PROPERTIES LLC**
STREET ADDRESS **812 NW 1ST STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: **DAVID DAMERAN M.M.** **4/28/05** **(954) 525-1032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #