

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90358 009 ****50.00

DOCUMENT # L02000024634

1. Entity Name

FLORIDA ATLANTIC BUILDING GROUP, L.L.C.



Principal Place of Business

451 CENTER ISLAND
GOLDEN BEACH FL 33160
US

Mailing Address

451 CENTER ISLAND
GOLDEN BEACH FL 33160
US

64000034



MOORE CR2E083 (11/03)

2. Principal Place of Business

10152 W. INDIANTOWN ROAD
SUITE, Apt. #, etc.
SUITE 214
City & State
JUPITER, FL
Zip
33478
Country
USA

3. Mailing Address

10152 W. INDIANTOWN ROAD
SUITE, Apt. #, etc.
SUITE 214
City & State
JUPITER, FL
Zip
33478
Country
USA

4. FEI Number 11-3656056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEGRAFF, HOLLY K
2952 FLORIDA BLVD
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGRAFF, RICHARD B 451 CENTER ISLAND GOLDEN BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGRAFF, NANCY A 451 CENTER ISLAND GOLDEN BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGRAFF, ROBERT J 451 CENTER ISLAND GOLDEN BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGRAFF, RICHARD B 451 CENTER ISLAND GOLDEN BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGRAFF, NANCY A 451 CENTER ISLAND GOLDEN BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGRAFF, HOLLY K 2952 FLORIDA BLVD. DELRAY BEACH FL 33483	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1616 S.E. Coronay Way JUPITER, FL 33473	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1616 SE Coronay Way JUPITER, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1616 SE Coronay Way JUPITER, FL 33478	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1616 S.E. Coronay Way JUPITER, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1616 S.E. Coronay Way JUPITER, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

[Signature] / Richard B. DeGraff MGR 4/20/04 561 7486559