

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 SEP 15 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026204

1. Entity Name
INTRACOASTAL PANORAMA LC



Principal Place of Business
13380 SW 91 TERRACE, #C
MIAMI, FL 33186

Mailing Address
13380 SW 91 TERRACE, #C
MIAMI, FL 33186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09122005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

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

SMITH, WILLIAM F
201 SOUTH BISCAYNE BLVD., #1500
MIAMI, FL 33131

Name SMITH, WILLIAM F

Street Address (P.O. Box Number is Not Acceptable)
13380 S.W. 91 Terrace #C

City Miami FL Zip Code 33186

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/13/05

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Makes check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME SMITH, WILLIAM F ☐ Delete
STREET ADDRESS 201 SO. BISCAYNE BLVD #1500
CITY-ST-ZIP MIAMI, FL 33131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

William F. Smith, Managing Member

9/13/05 (305) 347-7347