

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90136 044 ****50.00

DOCUMENT # L02000030449

1. Entity Name
CORAL RIDGE INTRACOASTAL PROPERTIES, LLC



Principal Place of Business
C/O MANUEL FERNANDEZ
2469 POINCIANA COURT
WESTON, FL 33327

Mailing Address
C/O MANUEL FERNANDEZ
2469 POINCIANA COURT
WESTON, FL 33327

24063757

2. Principal Place of Business

1115 E. BROWARD BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1115 E. BROWARD BLVD.

Suite, Apt. #, etc.

04222004

Chg-LLC

CR2E083 (10/03)

City & State

FORT LAUDERDALE FL.

City & State

FORT LAUDERDALE FL.

4. FEI Number

55-0808886

Applied For

Not Applicable

Zip

Country

33301-2011

USA

Zip

Country

33301-2011

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, GARLAND A	
STREET ADDRESS	2469 POINCIANA COURT	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MANUEL	
STREET ADDRESS	2469 POINCIANA COURT	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GARLAND A	
STREET ADDRESS	380 W.W. 110 AVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MANUEL	
STREET ADDRESS	2432 BIRKDALE	
CITY-ST-ZIP	WESTON, FL 33332-1809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #