

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000030942

1. Entity Name  
FLORIDIAN ESTATE BUILDERS, LLC



Principal Place of Business  
2101 WEST COMMERCIAL BLVD  
STE 2800  
FORT LAUDERDALE, FL 33309 US

Mailing Address  
2101 WEST COMMERCIAL BLVD  
STE 2800  
FORT LAUDERDALE, FL 33309 US

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**



04242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0755151

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERT S. FORMAN, P.A.  
2101 WEST COMMERCIAL BLVD  
STE 2800  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

05/10/06-80126-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SHIMM, KENNETH L
STREET ADDRESS	2101 W COMMERCIAL BLVD STE 2800
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #