
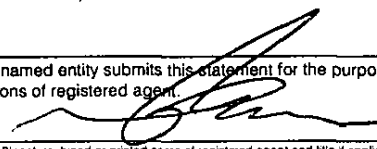
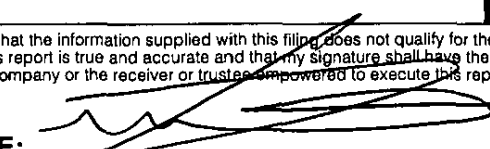


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90025 048 \*\*\*\*50.00

<b>DOCUMENT # L02000030957</b>					
<b>1. Entity Name</b> FLORIDIAN 2847, LLC					
<b>Principal Place of Business</b> 2101 WEST COMMERCIAL BLVD. SUITE 4100 FT. LAUDERDALE, FL 33309			<b>Mailing Address</b> 2101 WEST COMMERCIAL BLVD. SUITE 4100 FT. LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b> 2101 W. Commercial Blvd.			<b>3. Mailing Address</b> 2101 W. Commercial Blvd.		
Suite, Apt. #, etc. Suite 2800			Suite, Apt. #, etc. Suite 2800		
City & State Ft. Lauderdale, FL			City & State Ft. Lauderdale, FL		
Zip 33309		Country US		4. FEI Number 59-3764897	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FORMAN, ROBERT S 2101 WEST COMMERCIAL BLVD. SUITE 4100 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent  Name Robert S. Forman Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd. Suite 2800 City Ft. Lauderdale FL Zip Code 33309	
B. 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 		Robert S. Forman		4/25/05	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA ESTATE BUILDERS, LLC 2101 W. COMMERCIAL BLVD., <del>SUITE 4100</del> FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 2800   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> 			4/25/05		(954) 492-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #
Kenneth L. Shimm, Manager					

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