

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000030957

1. Entity Name
FLORIDIAN 2847, LLC



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

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

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



04242006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
59-3764897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S
2101 WEST COMMERCIAL BLVD.
STE 2800
FT. LAUDERDALE, FL 33309

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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, 2006

000000543135
05/10/06-80126-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FLORIDA ESTATE BUILDERS, LLC
2101 W COMMERCIALBLVD STE 2800
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 # _____