## 2008 LIMITED LIABILITY COMPANY

SIGNATURE

## Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT 04-07-2008 90225 010 \*\*\*138.75 **DOCUMENT # L02000030957** 1. Entity Name FLORIDIAN 2847, LLC 60020067 Principal Place of Business Mailing Address 2101 WEST COMMERCIAL BLVD. 2101 WEST COMMERCIAL BLVD. STE 2800 STE 2800 FT, LAUDERDALE, FL 33309 US FT. LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3700 Airport Road Suite, Apt. #, etc Suite Apt #, 801 04012008 Chq-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Boca Raton, 59-3764897 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 33431 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORMAN, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 2101 WEST COMMERCIAL BLVD STE 2800 FT. LAUDERDALE, FL 33309 City Zip Code FL 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR THILE ☐ Delete TITLE Change Addition FLORIDA ESTATE BUILDERS, LLC NAME STREET ADDRESS 3700 Airport Road, Suite 401 STREET ADDRESS 2101 W COMMERCIALBLVD STE 2800 CHY-SI-ZIP FORT LAUDERDALE, FL 33309 CITY - ST - ZIP Boca Raton, FL 33431 ☐ Change ☐ Addition THLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with his 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kenneth L. Shimm, Managing Member

FILED

561-391-1751