## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L02000030979**

FLORIDIAN 2855, LLC



03-25-2004 90215 049 \*\*\*\*50.00

Mar 25, 2004 8:00 am Secretary of State

**FILED** 

Principal Place of Business

C/O 2101 WEST COMMERCIAL BLVD.

, SUITE 4100 FORT LAUDERDALE, FL 33309

Mailing Address

C/O 2101 WEST COMMERCIAL BLVD.

, SUITE 4100 FORT LAUDERDALE, FL 33309



02052004 No Chg-LLC

CR2E083 (10/03)

954-492-1980

4. FEI Number 01-0754963	Applied For Not Applicab	lε
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQUIRE 2101 WEST COMMERCIAL BLVD., SUITE 4100

## DO NOT WRITE

FORT LAUDERDALE, FL 33309		IN T	IN THIS SPACE	
	named entity submits this statement for the purpose of chan ions of registered agent.	iging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept	
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				
9.	MANAGING MEMBERS/MANAGERS		Trial street	
TITLE	MGR			
NAME	FLORIDIAN ESTATE BUILDERS, LLC			
STREET ADDRESS	2101 W. COMMERCIAL BLVD. #4100			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			
TITLE				
NAME				
STREET ADDRESS		·		
CITY-ST-ZIP				
TITLE		]	•	
NAME		ł		
STREET ADDRESS CITY-ST-ZIP		l DO	NOT WRITE	
			_	
TITLE NAME		I IN T	HIS SPACE	
STREET ADDRESS			-	
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
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 say 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Kenneth L. Shimm, Managing Member