1 of 2

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03205904530

7/21/2003-90088-021-$50.00-$50.00

FILED

2003 AUG -6 PM 12:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

300022261749
08/12/03--01066--015 **5.00

DOCUMENT # L02000031814

1. Entity Name

GARDENS 207, LLC

Principal Place of Business	Mailing Address
6401 SW 87TH AVENUE STE. 107 MIAMI FL 33173	6401 SW 87TH AVENUE STE. 107 MIAMI FL 33173

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0496761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD
TAMPA FL 33602-5730

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________ DATE

Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Michael S. Nevel 6401 SW 87TH Avenue Ste. 107 Miami FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/03)

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.

SIGNATURE: SIGNATURE REQUIRED 7-14-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC
CORPORATION SERVICE COMPANY™

FILED
2003 AUG -6 PM 12:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 195504 5030952
AUTHORIZATION :
COST LIMIT : $ PPD

ORDER DATE : August 5, 2003

ORDER TIME : 4:07 PM

ORDER NO. : 195504-010

CUSTOMER NO: 5030952

CUSTOMER: Ms. Grace Rodriguez
Phillips, Eisinger, Koss,
Suite 265 South
4000 Hollywood Boulevard
Hollywood, FL 33021

RECEIVED
03 AUG -5 PM 4:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: GARDENS 207, LLC

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

NOTES: Our client previously attempted to file the attached report. The state rejected due to FEI number not listed. We are now re-submitting with the FEI number.
(Our client misplaced the state rejection letter for this one)

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____