## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## ANNUAL REPORT Feb 02, 2004 08:00 AM Secretary of State **DOCUMENT # L02000033879** 1. Entity Name GARDENS 207 INVESTMENT GROUP, L.L.C. Mailing Address Principal Place of Business 1320 SOUTH DIXIE HIGHWAY, SUITE 781 1320 SOUTH DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 01212004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0679092 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, GARY LESQ. DO NOT WRITE PHILLIPS, EINSINGER, KOSS & BROWN, P.A. 4000 HOLLYWOOD BLVD., SUITE 265 SOUTH IN THIS SPACE HOLLYWOOD, FL 33021 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 agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2004 U00000030851 02/04/04-80127-006 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME GREENWALD, ALLEN R 1320 SOUTH DIXIE HIGHWAY, SUITE 781 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 employered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE: SIGNATURE AND THE OR-PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

(305)(de7-485b)

FILED