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7/17/2003-90023-007-$50.00-$50.00

FILED
2003 AUG -5 AM 8:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033879

1. Entity Name

GARDENS 207 INVESTMENT GROUP, L.L.C.

800022261598
08/12/03--01066--010 **5.00

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY, SUITE 781 CORAL GABLES FL 33146	1320 SOUTH DIXIE HIGHWAY, SUITE 781 CORAL GABLES FL 33146
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 02-0679092 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, GARY L ESQ. PHILLIPS, EINSINGER, KOSS & BROWN, P.A. 4000 HOLLYWOOD BLVD., SUITE 265 SOUTH HOLLYWOOD FL 33021	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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 GREENWALD, ALLEN R 1320 SOUTH DIXIE HIGHWAY, SUITE 781 CORAL GABLES FL 33146 ☐ 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
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

CR2E033 (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 7/15/03 (305)667-4856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

202

CSC

CORPORATION SERVICE COMPANY™

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2003 AUG -5 AM 8:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 195504 5030952

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : August 5, 2003

ORDER TIME : 4:01 PM

ORDER NO. : 195504-005

CUSTOMER NO: 5030952

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

ANNUAL REPORT FILING

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

NAME: GARDENS 207 INVESTMENT GROUP, L.L.C.

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.

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____