

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90280 033 ****50.00

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1. Entity Name

SHOMA HOMES AT BELLAGIO, LLC



Principal Place of Business

5835 BLUE LAGOON DR.
4TH FLOOR
MIAMI, FL 33126 US

Mailing Address

5835 BLUE LAGOON DR.
4TH FLOOR
MIAMI, FL 33126 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

76-0722540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE 28TH FL
MIAMI, FL 33131

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME SHOJAE, MASOUD
STREET ADDRESS 5835 BLUE LAGOON DR. 4TH FL
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP
NAME MARTIN, TANIA
STREET ADDRESS 5835 BLUE LAGOON DR. 4TH FL
CITY-ST-ZIP MIAMI, FL 33126

TITLE S
NAME SHOJAE, MARIA L
STREET ADDRESS 5835 BLUE LAGOON DR. 4TH FL
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

Masoud Shojare