

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90033 042 ****50.00

DOCUMENT # L03000016262

1. Entity Name

THREE PARTNERS LAND DEVELOPMENT LLC



Principal Place of Business

27050 SW 189 AVE
HOMESTEAD FL 33031

Mailing Address

27050 SW 189 AVE
HOMESTEAD FL 33031



2. Principal Place of Business

4155 EAST Mowry Dr

3. Mailing Address

4155 EAST Mowry Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Homestead, FL

City & State

Homestead, FL

4. FEI Number

42-1594261

Applied For

Not Applicable

Zip

33033

Country

MIAMI-DADE

Zip

33033

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN & FROST, P.L.
IRWIN M. FROST, ESQ
1111 BRICKELL AVENUE, SUITE 2050
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: CHARLES L. GONZALEZ
Street Address (P.O. Box Number is Not Acceptable): 4155 EAST Mowry Drive
City: Homestead FL Zip Code: 33033

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 May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR
NAME: GONZALEZ, CHARLES
STREET ADDRESS: 26401 SW 107TH AVENUE
CITY-ST-ZIP: PRINCETON FL 33032 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS / CHANGES

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/06

305-258-8011