2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/3

FILED
Jun 14, 2004 8:00 am
Secretary of State
05-03-2004 90134 008 ****50.00

DOCUMENT # L03000017130

1. Entity Name

OLD FLORIDA VILLAGE OF WILTON MANORS, L.L.C.

Principal Place of Business	Mailing Address
101 S.E. 21ST STREET FORT LAUDERDALE FL 33316	101 S.E. 21ST STREET FORT LAUDERDALE FL 33316

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
120 NE 4TH Street Fort Lauderdale, Fl 33301	120 NE 4TH Street Fort Lauderdale, Fl 33301
Zip: ____ Country: ____	Zip: ____ Country: ____

4. FEI Number: APPLIED FOR ☑ 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
CHRISTIANSEN, MICHAEL E 1500 N. FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE FL 33304	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 _____ (NOTE: Registered Agent signature required when completing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: President NAME: Glenn B Wright, Jr STREET ADDRESS: 120 NE 4th Street CITY-ST-ZIP: Ft Lauderdale, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VPresident NAME: Patricia Wright STREET ADDRESS: 120 NE 4th Street CITY-ST-ZIP: Ft Lauderdale, FL 33301	☐ 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

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: _____ 4-26-04 954-761-3472

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