


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90133 033 \*\*\*\*50.00

**DOCUMENT # L03000019577**

1. Entity Name  
**FORT FAMILY 3, L.L.C.**



Principal Place of Business  
**550 BRICKELL AVENUE, SUITE 200  
 MIAMI, FL 33131**

Mailing Address  
**550 BRICKELL AVENUE, SUITE 200  
 MIAMI, FL 33131**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



07092004 Chg-LLC CR2E083 (10/03)

|  |  |  |  |
|--|--|--|--|
| 4. FEI Number<br><b>11-3692484</b>   |  | Applied For<br><input type="checkbox"/>            | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required              |  |
| 6. Name and Address of Current Registered Agent<br><b>PHILLIPS, GARY S<br/>4000 HOLLYWOOD BLVD., SUITE 265 SOUTH<br/>HOLLYWOOD, FL 33131</b> |  | 7. Name and Address of New Registered Agent        |  |
| Name   |  | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City   |  | City   | 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**Make check payable to  
 Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS |                                 | 10. ADDITIONS / CHANGES |  |
|--------------------------------|---------------------------------|-------------------------|--|
| TITLE                          | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                           |                                 | NAME                    | <b>MGR BERNARDO FORT</b>   |
| STREET ADDRESS                 |                                 | STREET ADDRESS          | <b>550 Brickell Avenue, #200</b>   |
| CITY-ST-ZIP                    |                                 | CITY-ST-ZIP             | <b>Miami, FL 33131</b>   |
| TITLE                          | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                           |                                 | NAME                    | <b>MGR LAURINDA SPEAR</b>  |
| STREET ADDRESS                 |                                 | STREET ADDRESS          | <b>550 Brickell Avenue, #200</b>   |
| CITY-ST-ZIP                    |                                 | CITY-ST-ZIP             | <b>Miami, FL 33131</b>   |
| TITLE                          | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                           |                                 | NAME                    |  |
| STREET ADDRESS                 |                                 | STREET ADDRESS          |  |
| CITY-ST-ZIP                    |                                 | CITY-ST-ZIP             |  |
| TITLE                          | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                           |                                 | NAME                    |  |
| STREET ADDRESS                 |                                 | STREET ADDRESS          |  |
| CITY-ST-ZIP                    |                                 | CITY-ST-ZIP             |  |
| TITLE                          | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                           |                                 | NAME                    |  |
| STREET ADDRESS                 |                                 | STREET ADDRESS          |  |
| CITY-ST-ZIP                    |                                 | CITY-ST-ZIP             |  |

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: *Bernardo Fort* *Laurinda Spear* 7/16/04.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

**BERNARDO FORT and LAURINDA SPEAR, Managers**

**305-370-1812**