

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021830

1. Entity Name
4960 S.W. 136TH AVENUE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05-02-2005 90098 033 *****50.00
05 JUN 10 AM 8:55

Principal Place of Business
16408 DIAMOND HEAD DR.
WESTON, FL 33331

Mailing Address
16408 DIAMOND HEAD DR.
WESTON, FL 33331

2. Principal Place of Business

16408 DIAMOND HEAD DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04042005 Chg-LLC CR2E083 (10/03)

City & State

Weston FL

City & State

Weston FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33331

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CPRA, LLC
ONE HARBOUR PLACE, 5TH Floor
777 S. Harbour Island
Tampa, FL 33601-3239

7. Name and Address of New Registered Agent

Name Genevieve Chantal Volcy Ceant

Street Address (P.O. Box Number is Not Acceptable)

16408 Diamond Head Dr.

City Weston

FL

Zip Code
33331

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 Chantal M Ceant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 8th, 2005

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CEANT, JEAN-HENRY
STREET ADDRESS 16408 DIAMOND HEAD DRIVE
CITY-ST-ZIP WESTON, FL 33331

☐ Delete

TITLE MGR
NAME JAC Investment Corp
STREET ADDRESS 16408 Diamond Head Dr.
CITY-ST-ZIP Weston FL 33331

☐ Delete

TITLE MGR
NAME Chantal V. Ceant
STREET ADDRESS 16408 Diamond Head Dr.
CITY-ST-ZIP Weston FL 33331

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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: Chantal M Ceant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/28/05 954 6957958
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 10 AM 8:56