2005 LIMITED LIAE JITY COMPANY ANNUAL REPORT (AR)

#### Jul 11, 2005 8:00 am Secretary of State **DOCUMENT # L03000024077** 1. Entity Name 05-02-2005 90090 018 \*\*\*\*50.00 ASCOTT VILLAGE II, LLC Principal Place of Business Mailing Address 6915 RÊD RD STE 205 CORAL GABLES FL 33143 6915 RED RD STE 205 CORAL GABLES FL 33143 2. Principal Place of Business 3. Mailing Address Suite Ant. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For AP-PLIED FOR Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAHA, DANNY S Street Address (P.O. Box Number is Not Acceptable) 6555 NW 36TH STREET 114 **MIAMI FL 33166** 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. (NOTE Registered Agent signature required when requiring FILE NOW!!! FEE IS \$50.00 Make Check Payable to Floride Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9 ADDITIONS/CHANGES MGR me Del ete TITLE Change Addition BERKELEY SQUARE, INC. NAME HAME STREET ADDRESS 6915 RED RD STE 205 STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33143** C11Y-ST-2YP MGR TITLE Delete Addition HAME TEAMWORK GROUP, LP NAME STREET ADDRESS STREET ADDRESS 420 SOUTH DIXIE HWY, STE 2L CITY-SI-71P **CORAL GABLES FL 33146** CITY-S1-792 TITLE ☐ Delete TILLE ☐ Change ☐ Addition MANE MARK STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C117 - ST-70P TIFLE Oelete THILE ☐ Change Addition MALE MAME STREET ADDRESS STREET LADDINESS CITY-ST-ZIP C17-S1-70P TITLE nne ☐ Delete ☐ Change Addition HANE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-SI-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 AND TYPED OR PRINTED NAME OF SIGNAL MANAGEN MEMBER MANAGER OR AND HODGED REPORSENTATIVE

**FILED** 

# ATTACHMENT

### Gordon & Fernandez Management Services, Inc.

6915 Red Road, Suite 204 Coral Gables Florida 33143
Tel (305) 662-1996 Fax (305) 662-1214

July 7, 2005

Florida Department of State

Division of Corporations

P.O. Box 6478

Tallahassee, Fl 32314

Re: Ascott Village II, LLC

# L03000024077

Dear Florida Department of State:

Please see copies of recent correspondence: Attached are your May 10 and June 9 correspondence; and our reply dated June 6, 2005 attached, wherein we forwarded the required EIN document. We have since received a notice of intent to dissolve. We called your office on Tuesday 7/05/05 and were advised to resend the EIN number.

Accordingly, we are resending the IRS document showing the EIN number. Please advise if the UBR can now be processed.

Very truly yours,

Claire Gordon, Accountant for Ascott Village II, LLC

CC: Danny Taha, Principal Ascott Village II, LLC

ATTACHMENT

## Gordon & Fernandez Management Services, Inc.

6915 Red Road, Suite 204 Coral Gables Florida 33143 Tel (305) 662-1996 Fax (305) 662-1214

3000/0005

June 6, 2005

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, Fl 32314

Re: Ascott Village II, LLC, #L03000024077P

Dear Florida Department of State:

In reference to your letter concerning the Federal Employer Identification (FEI) Number required for the UBR, please find a copy of the IRS number assignment (41-2104188) attached.

Very truly yours,

Claire Gordon, Accountant for Ascott Village II, LLC

CC: Danny Taha, Principal Ascott Village II, LLC

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE PHILADELPHIA PA 19255-0023

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DATE OF THIS NOTICE: 08-08-2003
NUMBER OF THIS NOTICE: CP 575 B
EMPLOYER IDENTIFICATION NUMBER: 41-2104188 NOBOD

0000001133

FORM: SS-4 0532757171 B

> .. FOR ASSISTANCE CALL US AT: 1-800-829-0115

ALIAL IML.

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

ASCOTT VILLIAGE II LLC % BERKLEY SQUARE INC 6555 NW 36TH ST STE 114 MIAMI FL 33166

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 41-2104188. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

### Form 1065

### 04/15/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.