

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000025133

1. Entity Name
VINIMAR REALTY, LLC



Principal Place of Business

**2970 SURREY LANE
WESTON, FL 33331**

Mailing Address

**2970 SURREY LANE
WESTON, FL 33331**



01162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2676411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when relistading)

DATE _____

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

UD00000308749

04/16/05-80010-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHIN, MARCIA
2970 SURREY LANE
WESTON, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHIN, VINCENT
2970 SURREY LANE
WESTON, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/16/05

Date

Daytime Phone #

305 653-5056