

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 03, 2005 8:00 am
Secretary of State

05-03-2005 90017 048 ****50.00

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04192005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000027435 1. Entity Name GREATER FLORIDA VENTURES, LLC					
Principal Place of Business 4747 COLLINS AVENUE SUITE 516 MIAMI BEACH, FL 33140			Mailing Address 4747 COLLINS AVENUE SUITE 516 MIAMI BEACH, FL 33140		
2. Principal Place of Business 404 FIFTH AVENUE		3. Mailing Address 404 FIFTH AVENUE		4. FEI Number 13-4259055 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc. 47B FLOOR		Suite, Apt. #, etc. 47B FLOOR			
City & State NEW YORK, NY		City & State NEW YORK, NY			
Zip 10018	Country USA	Zip 10018	Country USA		
6. Name and Address of Current Registered Agent LIEBER, OREN ESQ. 555 N.E. 15 STREET SUITE 100 MIAMI, FL 33132				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE CHETRIT GROUP 555 N.E. 15 STREET, #100 MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BSD MIAMI, LLC 555 N.E. 15 STREET, #100 MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	