

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90208 030 \*\*\*\*50.00

**DOCUMENT # L03000027889**

1. Entity Name  
LIMOCH 19800 WEST DIXIE, LLC



Principal Place of Business  
263 OCEAN BLVD.  
GOLDEN BEACH, FL 33160

Mailing Address  
263 OCEAN BLVD.  
GOLDEN BEACH, FL 33160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
56-2382421

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA LLC  
100 SE 2ND ST., STE. 2900  
MIAMI, FL 33131

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P  
NAME ISRAEL, KEN ☐ Delete  
STREET ADDRESS 19495 BISCAYNE BLVD STE 410  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE P ☒ Change ☐ Addition  
NAME ISRAEL KEN  
STREET ADDRESS 263 OCEAN BLVD  
CITY-ST-ZIP GOLDEN BCH, FL 33160

TITLE VP  
NAME LIPTON, ALAN ☐ Delete  
STREET ADDRESS 19495 BISCAYNE BLVD STE 410  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VP ☒ Change ☐ Addition  
NAME LIPTON, ALAN  
STREET ADDRESS 655 OCEAN BLVD  
CITY-ST-ZIP GOLDEN BCH, FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

KENNETH ISRAEL 1/5/07 305-776-9199

Date

Daytime Phone #