

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

03-31-2004 90348 009 *****50.00

DOCUMENT # L03000028694					
1. Entity Name CONDO TIME HOLDINGS, LLC					
Principal Place of Business 1200 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0132907		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KAUFMAN, DANA M 1200 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MANAGING MEMBER NAME DAVID BURSTYN STREET ADDRESS 1200 BRICKELL AVE, SUITE 950 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE MANAGING MEMBER NAME MILES ZALKIN STREET ADDRESS 1200 BRICKELL AVE, SUITE 950 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ 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 609, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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