

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90350 038 *****55.00

DOCUMENT # L03000031231

1. Entity Name

SLG PROPERTIES LLC.



Principal Place of Business
5736 ATLANTA ST.
HOLLYWOOD FL 33021
US

Mailing Address
5736 ATLANTA ST.
HOLLYWOOD FL 33021
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0527174

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUARIN, JOHN C
5736 ATLANTA ST.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

SAME

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GUARIN, JOHN C
STREET ADDRESS 5736 ATLANTA ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME GUARIN JOHN C.
STREET ADDRESS 5736 ATLANTA ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

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

3-35-04

Date

Daytime Phone #