

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90026 021 ***138.75

DOCUMENT # L03000032252

1. Entity Name
FLORIDA REAL ESTATE DEVELOPMENT, LLC



Principal Place of Business
SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PARKWAY, STE 300
SUNRISE, FL 33323-2804

Mailing Address
SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PARKWAY, STE 300
SUNRISE, FL 33323-2804

60038515



04142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0214527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALLOWAY, AMY J ESQ.
1700 EAST LAS OLAS BLVD., PENTHOUSE 1
FORT LAUDERDALE, FL 33301
110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BULLINGTON, DOUGLAS W
STREET ADDRESS 1300 SAWGRASS CORPORATE PARKWAY SUITE 300
CITY - ST - ZIP SUNRISE, FL 333232804

TITLE MGRM
NAME TROMER, KEVIN M
STREET ADDRESS 1300 SAWGRASS CORPORATE PARKWAY SUITE 300
CITY - ST - ZIP SUNRISE, FL 333232804

TITLE MGR
NAME GARIBAY-GARCELL, CARIDAD
STREET ADDRESS 1300 SAWGRASS CORPORATE PARKWAY SUITE 300
CITY - ST - ZIP SUNRISE, FL 333232804

TITLE
NAME
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IN THIS SPACE**

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: *Caridad Garcell*

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

4-14-08

Date

954-3344812

Daytime Phone #