

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032252

FILED
Apr 09, 2010
Secretary of State

Entity Name: FLORIDA REAL ESTATE DEVELOPMENT, LLC

Current Principal Place of Business:

SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PARKWAY, STE 300
SUNRISE, FL 333232804 US

New Principal Place of Business:

1300 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US

Current Mailing Address:

SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PARKWAY, STE 300
SUNRISE, FL 333232804 US

New Mailing Address:

1300 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US

FEI Number: 20-0214527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLOWAY, AMY J ESQ.
110 SE 6TH ST 15TH FL
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BULLINGTON, DOUGLAS W
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR
Name: TROMER, KEVIN M
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: S
Name: CARIDAD, GARCELL
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: T
Name: BLAKE, JAMES
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 300
City-St-Zip: SUNRISE, FL 33323 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

S

04/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date