

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90257 048 ****50.00

DOCUMENT # L03000033035

1. Entity Name

SOUTH BAY DEVELOPERS X, LLC



Principal Place of Business

**50 WEST MASHTA DR., STE. 2
KEY BISCAYNE FL 33149**

Mailing Address

**50 WEST MASHTA DR., STE. 2
KEY BISCAYNE FL 33149**

24034103



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

90-0109182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEISSON, ERNESTO
50 WEST MASHTA DR., STE. 2
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name **WEISSON, ERNESTO**
Street Address (P.O. Box Number is Not Acceptable) **50 West Mashta Drive Suite #2**
Key Biscayne
City **FL** Zip Code **33149**

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 fee 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. **MGRM** MANAGING MEMBERS/MANAGERS

TITLE **Roberto G. Cortes** ☐ Delete
NAME **60 W Mashta Drive Suite #2**
STREET ADDRESS **Key Biscayne FL 33149**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. **MGRM** ADDITIONS/CHANGES

TITLE **WEISSON, Ernesto H.** ☐ Change ☒ Addition
NAME **50 W mashta Drive Suite #2**
STREET ADDRESS **Key Biscayne FL 33149**
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

3/24/04 (305) 365-7676