

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90045 042 \*\*\*\*50.00

**DOCUMENT # L03000033035**

1. Entity Name  
**SOUTH BAY DEVELOPERS X, LLC**



Principal Place of Business  
**50 WEST MASHTA DR., STE. 2  
KEY BISCAIYNE, FL 33149**

Mailing Address  
**50 WEST MASHTA DR., STE. 2  
KEY BISCAIYNE, FL 33149**

**20058009**



04262005 Chg-LLC CR2E083 (10/03)

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 BISCAIYNE, FL 33149**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **WEISSON, ERNESTO H**  
CITY-ST-ZIP **50 W. MASHTA DRIVE STE 2  
KEY BISCAIYNE, FL 33149**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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NAME ☐ Delete  
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CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

**MGRM**  
TITLE **WEISSON Holding, LLC** ☒ Change ☐ Addition  
NAME **50 W Mashta Drive Suite 2**  
STREET ADDRESS **Key Biscayne, FL 33149**  
CITY-ST-ZIP

**MGRM**  
TITLE **Allegiance Partners, Inc.** ☐ Change ☒ Addition  
NAME **50 W Mashta Drive Suite 2**  
STREET ADDRESS **Key Biscayne, FL 33149**  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
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TITLE  
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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

**4-22-05 (2005) 365-7676**  
Date Daytime Phone #