## **2004 LIMITED LIABILITY COMPANY**

## FILED Apr 28, 2004 8:00 am

ANNUAL REPORT						Secretary of State				
DOCUMENT # L03000035913  1. Entity Name SEGOVIA LAKES LLC						04-28-2004	•			
Principal Place of Busine	988	Mailing Address	I				24112	)(101		
2655 LE JEUNE ROAD, SUITE 802 CORAL GABLES, FL 33134		2655 LE JEUNE ROAD, SUITE 802 CORAL GABLES, FL 33134					240			
							n <b>edale</b> îite iroi			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Number 74 - 3	105972	,	Applie Not A	ed For oplicable	
Zip	Country	Zip	Country	ر در میکنند در ای	5. Certificate of	of Status Desired.		5.00 Additio		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
GARCIA, DAVID R GABLES INTERNATIONAL PLAZA 2655 LE JEUNE ROAD, SUITE 802 CORAL GABLES, FL 33134				ame treet Address (I	P.O. Box Numbe	r is Not Acceptable	9)			
			C	City FL Zip Code					,	
the obligations of reg		for the purpose of changing in the purpose of ch		ffice or register	•	h, in the State of Flo	orida. I am fa	niliar with, and	daccept	
o.g. diolo, iji		(in								
Filing Fee is \$50.00 Due by May 1, 2004				•			e check par a Departmen		, AA	
9.	10.		I	ADDITIONS	/CHANGES					
NAME PINE		Delete Delete	TITLE					Change	Addition	

Filing Fee is \$50.00 Due by May 1, 2004						Make check payable to Florida Department of State			
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIO	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pine Bay Holdings LL 2655 LeJeune Road, Coral Gables, FL 33	c Delete , Suite 802 134	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY*ST-ZIP	· -	i	« ☐ Change	Addition		
TITLE ' ' NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	· .	☐ Change	Addition		

11. I hereby certify that the information supplied with this filling 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 it 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:

David R. Garia,

Davy Holdings LLC

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

David Company of the limited information 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 it 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:

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

David Company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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