


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90205 026 ****50.00

DOCUMENT # L03000040918			
1. Entity Name 2760 N. ATLANTIC BLVD. ASSOCIATES, LLC			
Principal Place of Business 215 N. BIRCH RD. #4-A FORT LAUDERDALE, FL 33304		Mailing Address 215 N. BIRCH RD. #4-A FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box # 39 AVENUE AT THE COMMON		3. Mailing Address 39 AVENUE AT THE COMMON	
Suite, Apt. #, etc. Suite 209		Suite, Apt. #, etc. Suite 209	
City & State Shrewsbury, NJ		City & State Shrewsbury, NJ	
Zip 07702	Country	Zip 07702	Country
6. Name and Address of Current Registered Agent MURRAY, DAVID G ESQ 1401 E. BROWARD BLVD., #200 FORT LAUDERDALE, FL 33301		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, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATZEL, BRUCE 215 N. BIRCH RD. #4-A FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATZEL, BRUCE 2760 NORTH ATLANTIC BLVD. FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0345217

Applied For
Not Applicable

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

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:

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

Date

Daytime Phone #

2-16-07