# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 04, 2005 8:00 am**
**Secretary of State**
04-04-2005 90432 026 ****50.00

DOCUMENT # L03000041971

1. Entity Name
TOWNHOUSE FORTLAUDERDALE, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5630 FARRAGUT ST.<br>HOLLYWOOD, FL 33021 US | 5630 FARRAGUT ST.<br>HOLLYWOOD, FL 33021 US |

03282005 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 724 NW 3 ST | 724 NW 3 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Fort Lauderdale FL | City & State: Fort Lauderdale FL |
| Zip: 33311 Country: US | Zip: 33311 Country: US |

4. FEI Number: 74-3108068 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CLAVIJO, MIGUEL A SR.<br>5630 FARRAGUT ST.<br>HOLLYWOOD, FL 33021 | Name: MIGUEL A. CLAVIJO<br>Street Address (P.O. Box Number is Not Acceptable): 1800 SW 9 ST<br>City: Fort Lauderdale FL Zip Code: 33312 |

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: MW MIGUEL A. CLAVIJO 03/28/05
Signature, typed or printed name of registered agent and title if applicable. (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 | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CLAVIJO, MIGUEL A<br>5630 FARRAGUT ST.<br>HOLLYWOO, FL 33021 | ☐ Delete | MGRM<br>MIGUEL A. CLAVIJO<br>1800 SW 9 ST<br>Fort Lauderdale, FL 33312 | ☑ Change | ☐ Addition |
| | | ☐ Delete | MRM<br>CARLOS NAVARRO<br>480 GREATON AVE.<br>DAVIE, FL 33325 | ☐ Change | ☑ Addition |
| | | ☐ Delete | MRM<br>GUILLERMO PINILLA<br>1767 PRIMROSE LN.<br>WELLINGTON, FL 33414 | ☐ Change | ☑ Addition |
| | | ☐ Delete | | ☐ Change | ☐ Addition |
| | | ☐ Delete | | ☐ Change | ☐ Addition |
| | | ☐ Delete | | ☐ Change | ☐ Addition |

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:** MW MIGUEL A. CLAVIJO 03/28/05 954-274-2314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #