## 2004 LIMITED LIABILITY COMPANY

## Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000042008** 04-30-2004 90061 017 \*\*\*\*50 00 SAILBOAT BEND 486/488, LLC Mailing Address Principal Place of Business 1937 EAST ATLANTIC BLVD., STE. 12 1937 EAST ATLANTIC BLVD., STE. 12 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 2467370 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, EVE W Street Address (P.O. Box Number is Not Acceptable) 33 NE 2ND ST., STE. 101 FORT LAUDERDALE, FL. 33301 93 City 2ip Code 3306 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Member | Manager (MGRM) Change Brett. H Morn's Addition TITLE TITLE Delete NAME NAME 1937 E Atlantic Blud Ste. 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 3360 TITLE Delete TITLE Manager (MGR) Change **X** Addition Beeson, Jr., James M. 1937 E Atlantic Blud Ste. 12 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 33060 Manager (MGR) Phillips, Jeffrey Blud Ste 12 Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME

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.

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

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> Manage/ James MBecsoniJr. 26 Aprou

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