

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90058 008 ****50.00

DOCUMENT # L03000042011

1. Entity Name
SAILBOAT BEND 407/409, LLC



Principal Place of Business
1937 E. ATLANTIC BLVD., STE. 12
POMPANO BEACH, FL 33060

Mailing Address
1937 E. ATLANTIC BLVD., STE. 12
POMPANO BEACH, FL 33060



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **52-2407366**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSEN, EVE W
33 NE 2ND ST., STE. 101
FORT LAUDERDALE, FL 33301

Name **Kimberly L Morris**

Street Address (P.O. Box Number is Not Acceptable)

1937 E. Atlantic Blvd. Ste. 12

City **Pompano Beach**

FL

Zip Code **33060**

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 **Kimberly L Morris**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

26 Apr 04

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

member/manager (MGR) ☐ Change ☒ Addition
NAME **Brett H. Morris**
STREET ADDRESS **1937 E. Atlantic Blvd. Ste. 12**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

manager (MGR) ☐ Change ☒ Addition
NAME **Beeson, Jr., James M.**
STREET ADDRESS **1937 E Atlantic Blvd. Ste. 12**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

manager (MGR) ☐ Change ☒ Addition
NAME **Phillips, Jeffrey**
STREET ADDRESS **1937 E Atlantic Blvd. Ste. 12**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: **James M Beeson, Jr.**

Manager

James M Beeson, Jr.

26 Apr 04

954 946-4007

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

Date

Daytime Phone #