

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90110 002 \*\*\*\*50.00

**DOCUMENT # L03000051611**

1. Entity Name  
REGENCY 2500, LLC



Principal Place of Business  
980 NORTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON, FL 33432

Mailing Address  
980 NORTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON, FL 33432

**60039449**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1121090

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

SKATOFF, JEFFREY  
980 N FEDERAL HWY STE 200  
BOCA RATON, FL 33432

Name **CARL KLEPPER (KLEPPER)**

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

**980 N FEDERAL HWY SUITE 200**

City **BOCA RATON**

**FL**

Zip Code  
**33432**

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

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

(NOTE: Registered Agent signature required when restateing)

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 **MGRM** ☐ Delete  
STREET ADDRESS **COMPSON 2500 INVESTMENTS, LLC**  
CITY-ST-ZIP **980 NORTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**4-17-07**

**10/10/16030**