

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2004 90058 005 ****50.00

DOCUMENT # L03000055576

1. Entity Name
ROOKERY PARK ESTATES, LLC



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

☒ 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 WAGNER
33 NE 2ND ST, STE 101
FORT LAUDERDALE, FL 33301

Name Beeson, Jr., James M

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

28 Apr 04

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MGR
STREET ADDRESS Beeson, Mary C
CITY-ST-ZIP 1937 E Atlantic Blvd. Ste. 12
Pompano Beach, FL 33060

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

[Signature]
Manager
James M Beeson, Jr. 28 Apr 04 954 946-4007