

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90301 030 \*\*\*\*50.00

**DOCUMENT # L03000055934**

**1. Entity Name**

NATURE'S COVE/SUNSET TRACE HOMES, LLC



**Principal Place of Business**

3111 UNIVERSITY DRIVE, SUITE 610  
CORAL SPRINGS FL 33065

**Mailing Address**

3111 UNIVERSITY DRIVE, SUITE 610  
CORAL SPRINGS FL 33065

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

20-0581552

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

HODKIN, PETER M  
ONE EAST BROWARD BOULEVARD, SUITE #1501  
FT LAUDERDALE FL 33301

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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 reinstating)

**DATE**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** MGR ☐ Delete  
**NAME** HODKIN, PETER M  
**STREET ADDRESS** ONE E. BROWARD BOULEVARD, SUITE #1501  
**CITY-ST-ZIP** FORT LAUDERDALE FL 33301

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS / CHANGES**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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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

Andrew Zuckerman

3/28/04

Date

Daytime Phone #