

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000001571

1. Entity Name  
631 HUMMINGBIRD LLC



**FILED**

04 AUG 25 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O LARRY E. SCHNER ESQ  
750 S DIXIE HIGHWAY  
BOCA RATON, FL 33432

Mailing Address  
C/O LARRY E. SCHNER ESQ  
750 S DIXIE HIGHWAY  
BOCA RATON, FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08052004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0531194

Applied For

Not Applicable

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

SCHNER, LARRY E  
C/O LARRY E. SCHNER ESQ  
750 S DIXIE HIGHWAY  
BOCA RATON, FL 33432

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

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PETERS, DOUGLAS  
STREET ADDRESS C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☐ Addition  
NAME S04125902503  
STREET ADDRESS 04/22/04 90003 050  
CITY-ST-ZIP \$50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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 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 #