

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90326 043 ****50.00

DOCUMENT # L04000004824

1. Entity Name
HIATUS ROAD, LLC



Principal Place of Business
**1600 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US**

Mailing Address
**1600 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US**

60047082



04242007 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1073707

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

**GRANT, MARK F ESQ
%RUDEN, MCCLOSKEY, SMITH, ET AL
200 E BROWARD BLVD, STE 1500
FORT LAUDERDALE, FL 33301**

Name **Steven M. Helfman, Esq.**
Street Address (P.O. Box Number is Not Acceptable)

1600 Sawgrass Corporate Parkway, Suite 300
City **Sunrise** FL Zip Code **33393**

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)

4/26/07

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 **MGRM** ☐ Delete
NAME **G.L. HOMES OF DAVIE ASSOCIATES III, LTD**
STREET ADDRESS **1600 SAWGRASS CORPORATE PKWY #300**
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE ☐ Delete
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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: **1600 Sawgrass Corporate Parkway, Suite 300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

N. MARIA MENDEZ, VICE PRESIDENT

4/27/07

954.753.1730

Daytime Phone #