

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90371 023 ****50.00

DOCUMENT # L04000010694

1. Entity Name
FIRESAW PROPERTIES, L.L.C.



Principal Place of Business
600 BRICKELL AVENUE
206E
MIAMI, FL 33131

Mailing Address
600 BRICKELL AVENUE, SUITE 206-E
MIAMI, FL 33131

60038804



2. Principal Place of Business - No P.O. Box #
1475 W. Cypress Creek Road

3. Mailing Address
P.O. Box 141313

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.

03082007 Chg-LLC CR2E083 (12/06)

City & State
Ft Lauderdale, FL

City & State
Coral Gables, FL

4. FEI Number
65-1215741

Applied For
Not Applicable

Zip
33309

Country
Broward

Zip
33114

Country
MIAMI-DADE

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

SOMMER, GLEN
2121 PONCE DE LEON BLVD.
900
CORAL GABLES, FL 33134

Name Suzanne A. Dockerty
Street Address (P.O. Box Number is Not Acceptable)
110 merrick way
Suite 3-B
City Coral Gables FL Zip Code 33134

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]

(NOTE: Registered Agent signature required when reinstating)

DATE 3/12/07

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
STREET ADDRESS BAND, ROBERT
CITY-ST-ZIP 600 BRICKELL AVENUE, SUITE 206-E
MIAMI, FL 33131 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1475 W. Cypress Creek Road, Suite 202
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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]

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

Date

Daytime Phone #