


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90102 027 \*\*\*138.75

<b>DOCUMENT # L04000013912</b> 1. Entity Name <b>DADELAND BREEZES PARTNERS, LLC</b>					
Principal Place of Business <b>4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146</b>				Mailing Address <b>4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146</b>	
2. Principal Place of Business - No P.O. Box # <b>1790 Coral Way</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite # 101</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-2342792</b>	
Zip <b>33145</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PADRON, CARLOS E 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FGH HOLDING, LLC 4535 PONCE DE LEON BLVD MIAMI, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BCP PROSTIGE DADELAND, LLC 4535 PONCE DE LEON BLVD MIAMI, FL 33146	<input type="checkbox"/> Delete			
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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.					
<b>SIGNATURE:</b> _____ <b>2/22/08</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

**60012348**



01242008 Chg-LLC CR2E083 (12/06)

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

PADRON, CARLOS E  
2 ALHAMBRA PLAZA, SUITE 860  
CORAL GABLES, FL 33134

Name

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

City

**FL**

Zip Code

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

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**Make check payable to  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #