

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90037 045 ***138.75

60034706



DOCUMENT # L04000014860 1. Entity Name C4 ROYALTON APARTMENTS, LLC																																													
Principal Place of Business 155 S. MIAMI AVENUE SUITE 850 MIAMI, FL 33131		Mailing Address 155 S. MIAMI AVENUE SUITE 850 MIAMI, FL 33131																																											
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt. #, etc. 500		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. 500																																											
City & State MIAMI, FL Zip 33145		City & State MIAMI, FL Zip 33145																																											
4. FEI Number 20-0773738		Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent BERMAN, STEPHANIE 155 S. MIAMI AVENUE, SUITE 850 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name STEPHANIE BERMAN Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, SUITE 500 City MIAMI, FL Zip Code 33145																																											
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: <u><i>Stephanie Berman</i></u> DATE: <u>4/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 60%;"> P BERMAN, STEPHANIE 155 S MIAMI AVE, STE 850 MIAMI, FL 33131 </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERMAN, STEPHANIE 155 S MIAMI AVE, STE 850 MIAMI, FL 33131	<input type="checkbox"/> Delete																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 60%;"> MGM CAREFREE SUPPORTIVE HOUSING, INC 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145 </td> <td style="width: 10%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM CAREFREE SUPPORTIVE HOUSING, INC 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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. SIGNATURE: <u><i>Stephanie Berman</i></u> DATE: <u>4/7/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																													