

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90115 042 ****50.00

DOCUMENT # L04000015433

1. Entity Name
PARY HOLDINGS, LLC



Principal Place of Business
**2999 NE 191 STREET
PENTHOUSE 8
AVENTURA, FL 33180**

Mailing Address
**2999 NE 191 STREET
PENTHOUSE 8
AVENTURA, FL 33180**

2. Principal Place of Business - No P.O. Box #
4400 BISCAYNE BLVD

3. Mailing Address
4400 BISCAYNE BLVD

Suite, Apt. #, etc.
#900

Suite, Apt. #, etc.
#900

04272007 Chg-LLC CR2E083 (12/06)

City & State
MIAMI FL

City & State
MIAMI, FL

4. FEI Number
20-2298166

Applied For
Not Applicable

Zip Country
33137 USA

Zip Country
33137 USA

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

**HELLMAN, MAYNARD J ESQ
2999 NE 191 STREET
PENTHOUSE 8
AVENTURA, FL 33180**

Name
MAYNARD J. HELLMAN, ESQ

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

4400 BISCAYNE BLVD #900

City
MIAMI FL Zip Code
33137

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)

4/27/07

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GOLDSTEIN, PATRICIA
19955 NORTHEAST 38TH COURT
AVENTURA, FL 33180** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

4/27/07

Date

(305) 777-1095

Daytime Phone #