

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-02-2005 90090 012 ****50.00

DOCUMENT # L04000016774

1. Entity Name
SANDY COVE PLAZA, LLC



Principal Place of Business
**6300 N.E. 1ST AVENUE, 3RD FLOOR
FORT LAUDERDALE, FL 33334**

Mailing Address
**6300 N.E. 1ST AVENUE, 3RD FLOOR
FORT LAUDERDALE, FL 33334**

30009120



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122005 Chg-LLC CR2E083 (10/03)

4. FEI Number

27-0082192

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

**SADER, ROBERT L
1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ROSCHEMAN FAMILY PARTNERSHIP NO. 1 LTD
6300 N.E. 1ST AVENUE, 3RD FLOOR
FORT LAUDERDALE, FL 33334**

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone

*Roschman Investment Corp. General Partner
of managing member, Robert J.
Roschman, President*