


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000020001**  
 1. Entity Name  
**COUNTRY VIEW, LLC**



Principal Place of Business <b>230 PALERMO AVENUE          CORAL GABLES, FL 33134 US</b>	Mailing Address <b>230 PALERMO AVENUE          CORAL GABLES, FL 33134</b>
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04112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0879861</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KORGE, CHRISTOPHER  
 230 PALERMO AVENUE  
 CORAL GABLES, FL 33134**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

UD00000738717  
 05/11/07-80077-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM S.F.B. DEVELOPMENT, LLC 230 PALERMO AVENUE CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRINCETON ASSOCIATES, LLC 230 PALERMO AVENUE CORAL GABLES, FL 33134</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/18/07** **305-444-9533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #