

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000034593

1. Entity Name  
TREBOR PHILADELPHIA, LLC



Principal Place of Business  
NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

Mailing Address  
NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**



04242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

LEWIS, HAROLD L  
ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	PSD
NAME	CUILLO, ROBERT S
STREET ADDRESS	515 N FLAGLER DR, STE 808
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
TITLE	T
NAME	HOTARY, MICHAEL
STREET ADDRESS	515 N FLAGLER DR, STE 808
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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05/15/07-80138-013-50.00

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: \_\_\_\_\_

*Michael Hotary, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

42507 (561) 4784990

Date

Daytime Phone #