

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90317 001 \*\*\*550.00

**DOCUMENT # L04000041763**

1. Entity Name  
**FORT FAMILY 5 - STEWART AVENUE, L.L.C.**



Principal Place of Business  
**801 BRICKELL AVENUE, SUITE 1100  
MIAMI, FL 33131**

Mailing Address  
**801 BRICKELL AVENUE, SUITE 1100  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2759799**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

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

**PHILLIPS, GARY S ESQ  
4000 HOLLYWOOD BLVD., SUITE 375 SOUTH  
HOLLYWOOD, FL 33021**

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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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FORT, BERNARDO  
801 BRICKELL AVENUE, SUITE 1100  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FORT, LAURINDA  
801 BRICKELL AVENUE, SUITE 1100  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X**

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

**02-26-07**

Date

Daytime Phone #