## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000046153

1. Entity Name FOGE LANDINGS, LLC



**FILED** May 02, 2005 8:00 am Secretary of State

05-02-2005 90123 004 \*\*\*\*50.00

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SUITE # 380 SUITE # 380 City & State PRENATURE FLU City FL City FL City City City City City City City City		ace of Business	91 STREET		91 STREE	<b>ア</b>				
AVENTURA   File				# 300	042820	05 Chg-LLC	CR2E083	(10/03)		
S. Name and Address of Current Registered Agent	City & State	ENTURA	Fh	City & State AVENTURE	F L					
Name		~ - 1	ountry USA	<sup>Zip</sup> 33/80		5. Certifi	cate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Make Street Address (P.O. Box Number is Not Acceptable)  The Note of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce		6. Name and	Address of Current F	Registered Agent	None	7. Name	and Address of New	Registered Age	int	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	I FOPOLD.	KORN & LE	OPOLD, P.A.		Name					
City   FL   3180	20801 BISCAYNE BLVD.			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
S. 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. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Spallure, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when rendshing)  P. MANAGING MEMBERS / MANAGERS  10. ADDITIONS/CHANGES  TITLE  MARK RANER, MARIANO  SIRET ADDRESS  CITY-ST-2P  TITLE  MARR RANIAR R					Cibr			<del></del>	Zin Code	
SIGNATURE    Signature   Trick   State   State								· · · · · ·		
Filing Foe is \$50.00 Due by May 1, 2005    Separature, typad or primate name of registaried agent and title if applicable.   (NOTE: Registreed Agent signature required when reinstating)   (NOTE: Registreed agent signature required agent signatur				the purpose of changing its r	egistered office or re	gistered agent, o	r both, in the State of F	lorida. 1 am farr	iliar with, a	and accept
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR KARNER, MARIANO Delete KARNER, MARIANO STREET ADDRESS CITY-ST-ZP Z875 N.E. 191 ST, SUTILE 400-A AVENTURA, FL 33180  TITLE MAKE BRAVER, MARIANO STREET ADDRESS CITY-ST-ZP CITY-ST-ZP Z875 N.E. 191 ST, SUTILE 400-A STREET ADDRESS CITY-ST-ZP CITY-ST-Z	SIGNATURE.	Signature, typed or prin	nted name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	required when reinstatin	9)	DATE		
TILE NAME : KARNER, MARIANO   Delete NAME										•
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_ · _	NAME STREET ADDRESS			☐ Defete	NAME STREET ADDRESS			C	Change	Addition
STREET ADDRESS CITY-ST-ZIP  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	NAME STREET ADDRESS CITY-ST-ZIP	Out (f., th	and the second second		NAME STREET ADDRESS CITY-ST-ZIP	d in Cooking and C	NI/OVA Classic Co.			Addition

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it are limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes,

MARIANO KARNEK WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE