## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 03, 2005 8:00 am Secretary of State **DOCUMENT # L04000047161** 1. Entity Name SAND CASTLE #7 LLC 02-03-2005 90113 047 \*\*\*\*50.00 Principal Place of Business Mailing Address C/O KLUGER, PERETZ, KAPLAN & BERLIN, P.L. C/O KLUGER PERETZ KAPLAN & BERLIN, P.L. **2001001** 201 S. BISCAYNE BOULEVARD STE. 1700 201 S. BISCAYNE BOULEVARD STE. 1700 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-12848 Not Applicable \$5.00 Additional Zip Country Ζip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIAMI CENTER REGISTERED AGENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BOULEVARD STE. 1700 MIAMI, FL 33131 City 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 Sgnature, typed or printed name of registered agent and title if applicable. (NOTE: Receptered Agent maneture required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition TITLE TITI F Change ☐ Detete BERLIN, HOWARD J NAME NAME 201 S. BISCAYNE BOULEVARD STE. 1700 STREET ADORESS STREET ADDRESS CITY-ST-ZP MIAMI, FL 33131 CITY-ST-ZIP MGR Delete ☐ Addition HALL, JO ALICE NAME HALF 201 S. BISCAYNE BOULEVARD STE. 1700 STREET ADDRESS STREET ADDRESS CCTY-ST-7IP COTY-ST-ZIP MIAMI, FL 33131 ☐ Delete TITI F ☐ Chance ☐ Addition TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ΠΠF ☐ Change ■ Addition MASE NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ■ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TIRE ☐ Change ■ Addition MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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:

**FILED** 

ALICE