2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000056934

21909-101 WOODS, LLC



FILED Apr 12, 2007 08:00 Al Secretary of State

						STE THE					
Principal Place of Business Mailing Address											
3860 N. POWERLINE ROAD STE. 200 POMPANO BEACH FL 33073			3860 N. F POMPAN	3860 N. POWERLINE ROAD STE. 200 POMPANO BEACH FL 33073							
2. Principal P	Place of Busine	3. Maiting A	3. Mailing Address						110 B1410 10100 6889 0	118681 (11 1881	
Suito, Apt.	. #, clc	Suite, Ap	Suite, Apt. #, etc.				1st MOORE CR2E083 (10/06)				
City & Stat	le	City & St	City & State			4. FEI Nun	4. FEI Numbor 20-1462239			ppliod For ot Applicable	
Zip		Country	Zip	Zip Country			5. Cartifica	ato of Status Dosire	d 🗆	\$5.00 Ad Fee Require	ditional
	6. Name a	t Registered Ag	gistered Agent			7. Name a	7. Name and Address of New Registered Agent				
						Name					
KAHN, JEFFREY B ESQ 3300 UNIVERSITY DRIVE STE. 711 CORAL SPRINGS FL 33065							Stroot Address (P.O. Box Number is Not Acceptable)				
COI	KAL SPRIN								Zip Coo	Jo.	
					City			F	L Zip Coo	iG.	
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typoid or printed rumo of registered ligent and title if applicable (NOTE: Registered Agent signature required when runistating)											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007											
9.		MANAGING MEMB	BERS/MANAGER		10.			ADDITION	NS/CHANGE	S	
THLE	MGRM			☐ Delete	DILL					☐ Change	Addition
NAME	PROVEST REAL ESTATE HOLDINGS, LLC										
STREET ADDRESS	GOOD HOME TO THE HOAD #							18000000	707770		
CITY+S1-ZIP	POMPANO	BEACH FL 33073		CITY					1702528 80101- 6	<u> 115 50.0</u>	<u>g</u>
IIIT				☐ Defete	TITLE			017 007 01	00101 0	☐ Change	Addition
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CITY-ST-7IP						ST-7IP					
HILE				Delete	11114.E					☐ Change	Addition
NAME					. NAME	T LEDNY CO					
STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-71P					
	 				_	31-78					(T) Addition
titue Nami:				Deleic	HTTE NAME					☐ Change	Addition
STREET ADDRESS						.I ADDRI SS					
CITY - ST - 71P					CITY-	S1-7IP					
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NAME					NAMI:						
STRUFT ADDRESS						1 ADDRESS					
CITY-SI-/IP	-				_	S J - ZIP					
11111				Delete	1011					Change	Addition
NAME. STREET ADDRESS					NAMI) STREE	LADDRESS					
CITY - ST - ZIP						ST-7IP					
11. I horoby	certify that the	information supplied w	ith this filing do	es not qualify for	or the ex	emptions conta	ainod in Soction	119, Florida Statute	s. I further c	ortify that the	information

indicated on this roport 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:

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

954-917-1998

Daytime Phone #