

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-26-2005 90060 018 ****50.00

DOCUMENT # L04000061042 1. Entity Name ALLIED CAPITAL AND DEVELOPMENT OF SOUTH FLORIDA, LLC					
Principal Place of Business 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410			Mailing Address 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0611800	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STANTON, ROGER C 4420 BEACON CIRCLE WEST PALM BEACH, FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nicholas A. Mastromarino II 3300 PGA Blvd Suite 330 PBG, FL 33410 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Finkelstein 3300 PGA Blvd Suite 330 PBG, FL 33410 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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