

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063571

FILED
Jan 12, 2005
Secretary of State

Entity Name: FILLMORE AT THE GOLF, LLC

Current Principal Place of Business:

20533 BISCAYNE BLVD., #1242
AVENTURA, FL 33180

New Principal Place of Business:

20533 BISCAYNE BLVD., #1242
AVENTURA, FL 33180

Current Mailing Address:

20533 BISCAYNE BLVD., #1242
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-1617723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISALES & JACOBS, LLP
1911 HARRISON STREET
HOLLYWOOD, FL US

Name and Address of New Registered Agent:

GRISALES & JACOBS, LLP
1911 HARRISON STREET
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/12/2005

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SAIEGH, MARCELO
Address: 20533 BISCAYNE BLVD., #1242
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAIEGH, MARCELO
Address: 20533 BISCAYNE BLVD., #1242
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Change (X) Addition
Name: MOSNER, LEON
Address: 21232 NE 31 PLACE
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARCELO SAIEGH

MGRM

01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date