

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000079963

1. Entity Name
ANM AT SKYLINE 1107, LLC



FILED

07 SEP 14 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3360 PADDOCK ROAD
WESTON, FL 33331

Mailing Address
C/O ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
3360 PADDOCK RD
Suite, Apt. #, etc.

City & State
WESTON FL

Zip
33331

Country



09092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent
Name
ALBERTO MEJIA
Street Address (P.O. Box Number is Not Acceptable)
3360 PADDOCK RD
City
WESTON FL Zip Code
33331

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 *[Signature]* DATE 9/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, ALBERTO 3360 PADDOCK ROAD WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600109767976 09/21/07--01047--008 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, NELLY 3360 PADDOCK ROAD WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Date 9/9/07 Daytime Phone # 954 931-1776

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