

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-27-2005 90078 038 *****55.00

DOCUMENT # L04000080883					
1. Entity Name MORDALI PROPERTY, LLC					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, SUITE 2040 COCONUT GROVE, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE, SUITE 2040 COCONUT GROVE, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 61-1478573	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEWIS, HAROLD L 2601 SOUTH BAYSHORE DRIVE, SUITE 2040 COCONUT GROVE, FL 33133			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 <u>Timothy C. Moore</u> (NOTE: Registered Agent signature required when reappointing) 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	DP Timothy C. Moore 2601 South Bayshore Dr. #2040 Miami, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/T David Greer 3 Grove Isle #1507 Miami, FL 33133	☐ 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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	
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: <u>Timothy C. Moore</u>			Date: <u>1/21/05</u> (305)8602317		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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