2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUL -3 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000081355

1. Entity Name
ROYAL PALM MIAMI DOWNTOWN, LLC

60047694

Principal Place of Business	Mailing Address
2500 N. MILITARY TRAIL, #400 BOCA RATON, FL 33431	2500 N. MILITARY TRAIL, #400 BOCA RATON, FL 33431

01172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
701 West Cypress Crk Road	
Suite, Apt. #, etc. 301	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State
Zip 33309 Country Broward	Zip Country

4. FEI Number 20-1936008 ☐ Applied For ☐ Not Applicable

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

Name Paul Gottfried
Street Address (P.O. Box Numbers Not Acceptable) Kodsi Law Firm P.A.
701 W. Cypress Creek Rd. Ste 303
City Ft. Lauderdale FL Zip Code 33309

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

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGMR ☑ Change ☐ Addition
NAME	KODSI, ISAAC	NAME	Kodsi, Isaac
STREET ADDRESS	1499 W PALMETTO PARK ROAD #200	STREET ADDRESS	701 W Cypress Crk Rd
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] Isaac Kodsi 4/30/07 9547716777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #