

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90069 042 ****50.00

DOCUMENT # L04000082482

1. Entity Name

TAKAHO ESTATES, LLC



Principal Place of Business

C/O MORTON GROUP, INC.
15340 JOG ROAD, SUITE 200
DELRAY FL 33446

Mailing Address

C/O MORTON GROUP, INC.
15340 JOG ROAD, SUITE 200
DELRAY FL 33446



2. Principal Place of Business

5350-W Atlantic Ave

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

Delray Beach FL

City & State

Zip

33484

Country

USA

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1909877

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

MORTON, MICHAEL
15340 JOG ROAD, SUITE 200
DELRAY FL 33446

Name

Street Address (P.O. Box Number is Not Acceptable)

5350-W Atlantic Ave, Suite 102

City

Delray Beach

FL

Zip Code

33484

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MORTON REALTY INVESTMENTS, LLC
STREET ADDRESS 15340 JOG ROAD, SUITE 200
CITY-ST-ZIP DELRAY FL 33446

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5350W Atlantic Ave #102
CITY-ST-ZIP Delray Beach, FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/2/06

Daytime Phone #