

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000082482					
1. Entity Name TAKAHO ESTATES, LLC					
Principal Place of Business 5350 W ATLANTIC AVE 102 DELRAY BEACH FL 33484			Mailing Address 5350 W ATLANTIC AVE 102 DELRAY BEACH FL 33484		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1909877	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORTON, MICHAEL 5350 W ATLANTIC AVE 102 DELRAY BEACH FL 33484		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORTON REALTY INVESTMENTS, LLC 5350 W ATLANTIC AVE #102 DELRAY BEACH FL 33484	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	☐ Delete			
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: _____ 4/30/07 861-665-9222					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



1st MOORE CR2E083 (10/06)