2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-13-2008 90064 028 ***138.75

DOCUMENT # L05000006453

1. Entity Name
MEADOWS TOWNHOME DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2101 N ANDREWS AVE SUITE 107 WILTON MANORS, FL 33311	2101 N ANDREWS AVE SUITE 107 WILTON MANORS, FL 33311

04082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1400 E. Oakland Park Blvd		1400 E. Oakland Park Blvd	
Suite, Apt. #, etc.: Suite 210		Suite, Apt. #, etc.: Suite 210	
City & State: Oakland Park, FL		City & State: Oakland Park, FL	
Zip: 33334	Country: USA	Zip: 33334	Country: USA

4. FEI Number: 20-5917257 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER ROSEN, EVE
~~2101 N ANDREWS AVE~~
SUITE 403
WILTON MANORS, FL 33311

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 1400 E. Oakland Park Blvd
Suite 202
City: Oakland Park FL Zip Code: 33334

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEESON, JAMES M JR 2101 N ANDREWS AVE STE 107 WILTON MANORS, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1400 E. Oakland Park Blvd - Suite 210 Oakland Park, FL 33334-4400	☒ 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 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: JMBeeson James M Beeson Jr 4/22/08 9545638953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #