## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Jan 25, 2007 08:00 AN DOCUMENT # L05000007356 1. Entity Name **Secretary of State** FERN REALTY LLC Principal Place of Business Mailing Address 3111 N. OCEAN BLVD. 3111 N. OCEAN BLVD **GULF STREAM FL 33483 GULF STREAM FL 33483** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable ΖÞ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5705 PÁDDINGTON WAY **BOCA RATON FL 33496** City 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. Sometime, typed or anneed name of registered again and title if applicable (NOTE, Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. 3311 Change ☐ Addition Detete 31315 MGR NASS NAM U000000604104 MEISEL, ROBERT P STREET ADDRESS SHIFT LADDRESS 01/29/07-80040-007 50.00 5705 PADDINGTON WAY CITY ST ZIP CHY ST ZIP **BOCA RATON FL 33496** ■ Addition ☐ Delete me ☐ Change HILE NAME NAM SIBH LADDER'SS STREET ADDRESS CHY ST-782 OHY SE-ZIP 33115 Defeto HILE Change ☐ Addition NAME NAME STREET ADDRESS STREE FADDRESS COX SE 70 CATY ST ZIP Addition Change HILE ☐ Delele 1000 NAM MAM SHIFE LADDRESS STREET ADDRESS DITY-SE 78P CITY ST 78P ☐ Change Addition IIII ☐ Delete 11111 MAM MAM SHELL ADDRESS SHRET ADDRESS City St 78 CHY-SI AP Delete THUE Change ☐ Addition MILE NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI ZIP 11. I hereby certify that the information supplied with this filling 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 logal 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.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE