

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000022999

1. Entity Name
TIFFANY ON THE GREEN LLC



Principal Place of Business
TURNBERRY PLAZA
2875 NE 191ST ST 300
AVENTURA, FL 33180

Mailing Address
TURNBERRY PLAZA
2875 NE 191ST ST 300
AVENTURA, FL 33180

BK

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 703

City & State

City & State
Miami, FL

Zip

Country

Zip
33133

Country
USA

07062007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4940259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOUELA, ALEJA
TURNBERRY PLAZA
2875 NE 191ST ST #300
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, Suite 703

City Miami

FL

Zip 33133

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.

Timothy D. Richards

7/6/07

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME BRAVER, JORGE
STREET ADDRESS 18246 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME Chouela, Alejo
STREET ADDRESS 2875 N.E. 191st Street, #300
CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400105872084
CITY-ST-ZIP 07/10/07--01042--019 **50.00

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

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

TITLE ☐ Change ☐ Addition
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 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.

Alejo Chouela

7/6/07

(305) 858-9900

SIGNATURE:

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

Date

Daytime Phone #