

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90133 003 \*\*\*\*50.00

**DOCUMENT # L05000036530**

1. Entity Name

**SAN MARCO AT FONTAINEBLEAU, LLC**



Principal Place of Business

**P.O. BOX 491345  
KEY BISCAYNE, FL 33149**

Mailing Address

**P.O. BOX 491345  
KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2657411**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, HECTOR ESQ.  
2850 DOUGLASS ROAD, PENTHOUSE SUITE  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MARTINEZ, ALFONSO  
P.O. BOX 491345  
KEY BISCAYNE, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

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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:** \_\_\_\_\_

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

Date

Daytime Phone #

**3/7/07**

**(786) 856-2322**