

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 041 ****50.00

DOCUMENT # L05000047222

1. Entity Name
ACAR REAL ESTATE, LLC



Principal Place of Business
**1200 BRICKELL AVE., SUITE 700
MIAMI, FL 33131**

Mailing Address
**1200 BRICKELL AVE., SUITE 700
MIAMI, FL 33131**

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

3. Mailing Address

2350 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

403

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33145

01242007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-2881134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANNER, STEPHEN
1200 BRICKELL AVE., SUITE 700
MIAMI, FL 33131**

Name **Orlando Fernandez Jr**

Street Address (P.O. Box Number is Not Acceptable)

2350 CORAL WAY STE 403

City **MIA**

FL

Zip Code **33145**

8. The above named agent 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 \$90.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ACAR, ABDULLAH
1200 BRICKELL AVE., SUITE 700
MIAMI, FL 33131** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

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

1/24/07
Date

Daytime Phone #