

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049969

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** GARDEN VIEW ESTATES, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 20-2889602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CENTURION MANAGEMENT SERVICES LTD  
**Address:** NERINE CHAMBERS, PO BOX 905  
**City-St-Zip:** ROAD TOWN, TORTOLA, BVI, XX XX XX

**Title:** MGRM  
**Name:** THE ARGYLL TRUST COMPANY  
**Address:** HUNKINS PLAZA, PO BOX 556, MAIN STREET  
**City-St-Zip:** CHARLESTON, NEVIS, XX XX XX

**Title:** MGR  
**Name:** GARCIA, ANTONIO  
**Address:** 2121 PONCE DE LEON BLVD. SUITE 1050  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ANTONIO GARCIA

MGR

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date