

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-17-2007 90007 015 ****50.00

DOCUMENT # L05000052548

1. Entity Name
4229 SEAGRAPE DRIVE, LLC



Principal Place of Business
8930 SW 115TH TERRACE
MIAMI, FL 33176

Mailing Address
8930 SW 115TH TERRACE
MIAMI, FL 33176

30012330



07012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3037161

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E
8930 SW 115TH TERRACE
MIAMI, FL 33176

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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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KRINZMAN, RICHARD H
STREET ADDRESS 1111 BRICKELL AVE., SUITE 2915
CITY-ST- ZIP MIAMI, FL 33131

TITLE MGR
NAME KRINZMAN, ALAN E
STREET ADDRESS 8930 SW 115TH TERR
CITY-ST- ZIP MIAMI, FL 33176

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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 FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/1/07 (305) 262-4433
Daytime Phone #