


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90070 030 ***138.75

DOCUMENT # L05000056400	
1. Entity Name CALOOSA SILK BAY BOULEVARD 127, L.L.C.	

60003648



Principal Place of Business 2800 WILLIAMS ISLAND, APARTMENT 2901 AVENTURA, FL 33160	Mailing Address 2800 WILLIAMS ISLAND, APARTMENT 2901 AVENTURA, FL 33160
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2. Principal Place of Business - No P.O. Box # 16051 COLLINS AVENUE	3. Mailing Address 16051 COLLINS AVENUE
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Suite, Apt. #, etc. 1904	Suite, Apt. #, etc. 1904
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City & State SUNNY ISLES BEACH, FL	City & State SUNNY ISLES BEACH, FL
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Zip 33160	Country USA	Zip 33160	Country USA
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01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3040848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MISHAAN, SUSAN
2800 WILLIAMS ISLAND, APARTMENT 2901
AVENTURA, FL 33160

7. Name and Address of New Registered Agent

Name MISHAAN, SUSAN
Street Address (P.O. Box Number is Not Acceptable) 16051 COLLINS AVENUE, APARTMENT 1904
City SUNNY ISLES BEACH
FL
Zip Code 33160

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 Susan Mishaan **DATE** 1, 21, 08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME MISHAAN, SUSAN <input checked="" type="checkbox"/> Delete	TITLE MGRM	NAME MISHAAN, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2800 WILLIAMS ISLAND, APARTMENT 2901		STREET ADDRESS 16051 COLLINS AVENUE, APARTMENT 1904	
CITY-ST-ZIP AVENTURA, FL 33160		CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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.

SIGNATURE: Susan Mishaan **DATE** 1, 21, 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #