

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

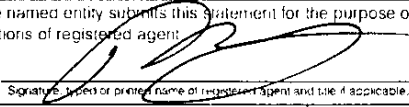
FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90394 001 ***400.00

30006360



04032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000059348					
1. Entity Name 1815 WISTERIA, L.L.C.					
Principal Place of Business 1901 MORRILL STREET SARASOTA, FL 34236			Mailing Address 1901 MORRILL STREET SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 1905 Morrill Street			3. Mailing Address 1905 Morrill Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Sarasota, FL			City & State Sarasota, FL		
Zip 34236		Country		Zip 34236	
				Country	
4. FEI Number NOT APPLICABLE			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		
BIRNBACH, JEFFREY 1901 MORRILL ST. SARASOTA, FL 34236			Name Hanan, Benjamin R.		
			Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Ave., 10th Floor		
			City Sarasota		
			FL		
			Zip Code 34236		
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  DATE 4/27/07					
(NOTE: Registered Agent signature required when registering)					
Filing Fee is \$50.00 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	MGRM MOSAQUE DEVELOPMENT, LLC 1901 MORRILL STREET SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1905 Morrill Street Sarasota, FL 34236	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	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:  Phillip Chmielewski 4/27/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					