

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062084

1. Entity Name
CANNERY ROW LLC



Principal Place of Business
277 SE 5TH AVENUE
DELRAY BEACH, FL 33483 US

Mailing Address
277 SE 5TH AVENUE
DELRAY BEACH, FL 33483 US

2. Principal Place of Business - No P.O. Box #
202 SE 5TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address
202 SE 5TH Ave.
Suite, Apt. #, etc.

City & State
Delray Beach, FL
Zip 33483 Country

City & State
Delray Beach, FL
Zip 33483 Country

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 33-1119848 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GREGG H. GLICKSTEIN, P.A.
54 SW BOCA RATON BOULEVARD
BOCA RATON, FL 33432

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

TITLE MGRM ☐ Delete
NAME IRONWOOD DEVELOPMENT, INC.
STREET ADDRESS 277 SE 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 202 Southeast 5th Avenue
STREET ADDRESS Delray Beach, FL 33483
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000120089830
STREET ADDRESS 03/12/08--01016--010
CITY-ST-ZIP **200.00

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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:

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

Date

Daytime Phone #

FILED

08 MAR -7 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

